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ABSTRACT

At this time, the United Nations Children Fund (UNICEF) is commemorating its 50th anniversary, under the slogan "children first." This annual UNICEF report reviews the organization's activities during 1995. An introduction by the executive director states that the report will give readers a sense of what UNICEF is doing with partners to rise to the program's challenges. Topics in the report include: (1) the U.N. Convention on the Rights of the Child--a powerful and wide-ranging legal instrument to promote and protect the human rights of children; (2) regional developments; (3) emergency countries (those suffering recent natural disasters or war); (4) child protection; (5) health; (6) nutrition; (7) safe environment; (8) urban issues; (9) basic education; (10) girls and women; (11) communication; (12) working together (national committees, non-governmental organizations, and inter-agency cooperation; (13) resources and management; (14) UNICEF income, donors, and expenditures (tables and charts); and 15 profiles of individual efforts to improve conditions for children. Descriptions are given for regional developments in West and Central Africa, the Middle East and North Africa; East Asia and the Pacific, South Asia, the Americas and the Caribbean, Central and Eastern Europe, the Commonwealth of Independent States (former Soviet Union), and the Baltic states. The report concludes with an annex describing major decisions made by UNICEF's executive board during 1995. (WJC)

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1996 UNICEF Annual Report

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Foreword

The world has few more effective measures of its overall progress than those that chart the health and well-being of children. Nations that nurture, protect and invest in their children's potential also tend to thrive economically. When nations have their priorities in order, the conditions of and chances for children, even in the poorest of countries, also tend to improve.

As we celebrate UNICEF's 50th anniversary this year, we reflect on the progress made so far on the major tasks that remain, and on the lessons we have learned so far.

The average life expectancy of a child has increased in just three decades from 37 to 67 years. As recently as the 1960s, fewer than half of the world's children had a primary education. Ten years later, fewer than 10 per cent were immunized against the main childhood diseases. By 1995, almost 80 per cent of children were in school, and an equal percentage were protected by vaccines. Child mortality rates were reduced by more than half between 1960 and 1995.

Despite these positive developments, safety nets for children are still inadequate. More than twelve million children will die this year from illnesses that it would cost pennies to prevent. Too many children still become victims of war, exploitation and neglect. And no country can yet claim to be able to offer girls and women equal opportunity with boys and men.

What I have found encouraging in my discussions with world leaders, however, is that common ground can almost always be found when children's interests are at stake. The most tangible expressions of this harmony are the 'corridors of peace' that UNICEF has been able to negotiate in the midst of conflicts in order to bring relief to children caught in the crossfire. It is also evident in the near-universal ratification of the Convention on the Rights of the Child, which has revolutionized our approach to human development.

Virtually all countries now agree that the needs of children, including their survival, protection, good health, education and freedom of self-expression, are basic human rights that should be enjoyed equally by girls and boys, regardless of their national, cultural, religious or ethnic heritage. That is the central message of this report. It should be our aim to ensure that it becomes reality, soon.

Boutros Boutros-Ghali
United Nations Secretary-General

VERVIEW

UNICEF/HQ91-1807/Conen

In its 50th year, UNICEF continues to put children first — helping to reduce barriers, including gender discrimination, to the realization of their potential.

AS UNICEF COMMEMORATES ITS 50TH anniversary, we also celebrate the fact that the past 50 years have witnessed more progress for the world's children than did the previous 2,000 years of human history. The lessons of development over this half century all point to the need to invest in children today — to put *children first* — to overcome poverty and ensure future prosperity for all. Concrete actions to improve the lives of children have brought advances in all facets of their lives. To highlight just the most dramatic examples:

◆ When UNICEF was created in 1946, mass deaths of children were still considered inevitable in large parts of the world. Today, that aura of inevitability has been largely dispelled, and the child death rate has fallen by half.

◆ In just over one decade, from the early 1980s to the 1990s, immunization coverage against the six main killer diseases of childhood increased from 10 per cent to over 80 per cent worldwide.

◆ Fifty years ago, large-scale hunger and even periodic famines killing millions of people were regarded as 'facts of life', at least for the poor. During the 1980s, nutritional status improved in every region of the world except sub-Saharan Africa.

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◆ Thanks in large part to increased child survival, human beings are living on average 20 years longer than 50 years ago.

◆ In spite of record population growth, primary school enrolment in developing countries has gone up from 48 per cent to 77 per cent since 1960.

◆ Fifty years ago, the idea of world leaders gathering to discuss the welfare of children would have been dismissed out of hand. In 1990, improving children's lives was the sole topic of discussion at the world's first-ever global summit.

◆ Long regarded as the property of their parents, children have come to be seen as individuals with fundamental human rights that adult society must respect and essential needs that must be fulfilled. When this report went to press in May, all but six countries of the world had ratified the Convention on the Rights of the Child — making it the fastest and most widely ratified human rights convention in history.

These are among the greatest achievements of the 20th century. In a period of doubt and scepticism about development, foreign aid and the United Nations itself, they tell a very important 'success story' about international cooperation that needs to be told and heard. Quietly and steadily — almost never in the media spotlight — communities and governments, NGOs and international agencies are demonstrating what can be accomplished in the name of children. Development, long defined simply as economic growth, has become more human-centred, with children increasingly at its cutting edge.

Despite these miraculous advances for children, UNICEF is working harder than ever and in more countries than ever. Why haven't we yet worked ourselves out of a job?

The answer to that question is that, despite these great strides, extreme poverty and the violation of children's human rights continue to kill over 12 million children each year, three quarters of them from preventable causes. One hundred and forty-three million children still do not attend school. Childhood is still denied to millions of children in sweatshops, on battlefields and in the streets. Girls still face discrimination that begins before birth and lasts into adulthood, depriving them of the chance to fulfil their potential and depriving their communities of their contributions. Chaotic urbanization is rapidly crowding half of humanity into unhealthy cities that are ill-equipped to meet people's basic needs.

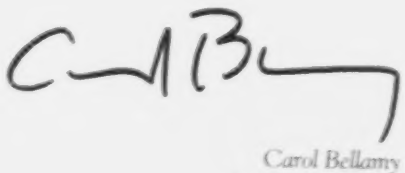
UNICEF/95-0219/Pirozzi

UNICEF Executive Director Carol Bellamy looks at a girl's notebook while visiting a primary school during a 1995 trip to Liberia.

Knowing what needs to be done to better children's lives and how to do it are not enough — we have to recommit ourselves to put the needs of our young before all others, no matter how pressing.

This year, under the slogan 'children first', we are commemorating UNICEF's 50th anniversary. We are taking stock of what has been accomplished for children, where UNICEF is today and what we must do to meet the tremendous challenges that confront us — that confront children and their families — on the threshold of the 21st century.

This *Annual Report*, which reviews our activities in 1995, will give readers a sense of what UNICEF is doing — together with a broad range of partners — to rise to these and other challenges. During the year, in consultation with our staff, Executive Board, National Committees and other partners, we also developed a Mission Statement to remind the world what we stand for. We begin our second half century with a renewed determination to help build a bridge to the 21st century that *all* children will have a chance to cross.



Carol Bellamy
Executive Director

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CONVENTION ON THE RIGHTS OF THE CHILD

UNICEF/1414/Simmons

The Convention calls for children to be brought up in the spirit of peace, dignity, tolerance, freedom, equality and solidarity.

THE 20TH CENTURY WILL BE RECORDED AS an era of extraordinary change for children, and among those changes, the Convention on the Rights of the Child holds perhaps the greatest potential. This singularly powerful and wide-ranging legal instrument promotes and protects the full spectrum of human rights for children.

The Convention, which entered into force in 1990, reflects a watershed in the way our world looks at children. The work of a few decades has overturned traditions that date back millennia: children have been transformed in the realm of justice from powerless charges into human beings with legal rights of their own; from 'object' to 'subject' of the law; from chattel to personhood.

Emblematic of this sea-change in perception was the 1990 World Summit for Children, at which 71 Heads of State or Government adopted specific goals to substantively improve the lives of children by the year 2000. That such a high-level summit came together around the subject of children would have been unthinkable even a few years before.

As of December 1995, all but eight countries in the world had ratified this treaty — propelling it towards becoming the first universal law in history. Already its ratification by 185 nations at

UNICEF/91-1238/Nesmith

A boy in Nepal roasts peanuts all day to earn 50 cents. The Convention requires that children be protected from work that is hazardous or interferes with their education.

year-end has surpassed the record for any other human rights treaty.

Such dramatic changes at the threshold of the new century have opened new opportunities for UNICEF to fulfil its mandate for children. The Executive Board has adopted the Convention as a framework for all programmatic activities. The reasoning behind this move is simple and straightforward. For the first time, governments whose countries are home to more than 90 per cent of the world's children are legally bound to uphold a full range of rights on many levels — civil, cultural, economic, political and social. Economist Amartya Sen has accurately termed this package of rights "a cross-cultural moral minimum."

The means of reaching such a minimum appeared in the 1980s, with the successful use of effective, scientifically sound, low-cost measures to enhance child survival and development. These measures enabled concrete global goals to be framed more clearly in support of some of the rights in the Convention.

Among child rights, survival and development rights have been given greater attention, while protection and participation rights have been relatively neglected. During 1995, UNICEF therefore began to prepare a review of policies and strategies on child protection that will be presented to the Executive Board in 1996.

The Convention establishes that children facing difficult circumstances — such as the street children, the bonded labourers and under-age soldiers, the sex workers and the children in conflict with the law — require special protection. Further, it protects equally girls as well as boys, the poor and the affluent, minorities and the disabled.

Underpinning this universal character is the conviction that, in recognizing the rights of all its children, a country will begin to address the problem of its least privileged with a new energy.

At the organizational level, the rights framework mandates a holistic approach to the children's agenda that will involve and link every sector of UNICEF. Many country offices have already seized upon the Convention as a basis for advocacy on behalf of social and legal reform. Others are moving towards making the Convention the supporting structure of programmes and policies.

As UNICEF has learned in its efforts for child survival, setting goals can prove a powerful catalyst for change and an efficient tool for implementing rights. The promises made by the international community at the World Summit for Children have been strengthened by commitments made to fulfil the obligations of the Convention.

The ratification of the Convention by each government adds the force of law to the principle that States have a requirement to act in the best interests of children. So, in pursuing its agenda for children, UNICEF has a stronger tool in its kit: the ability to remind countries that putting children first is now a legal obligation, not simply a matter of charity and compassion.

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REGIONAL DEVELOPMENTS

UNICEF/3192/Watson

In Botswana, a mother feeds her children. Although disparities between countries remain, broad improvements in the prospects for children in Eastern and Southern Africa were evident during the year.

EASTERN AND SOUTHERN AFRICA

AFTER THE 1994 DRAMA OF SOUTH AFRICA'S democratic transition and the trauma of genocide in Rwanda, 1995 was a year of recovery and momentum-building for many of the countries of the Eastern and Southern Africa region. Southern Africa overall was at peace for the first time in generations, but deep uncertainty continued to surround the future of Burundi and Rwanda in eastern Africa.

Major political developments during the year included national multiparty elections in Ethiopia, Mauritius and Tanzania and local elections in South Africa. United Nations peacekeeping forces arrived in Angola, accompanied by the acceleration of mine clearing and the initial demobilization of combatants.

However, serious drought caused severe shortages of drinking water as well as disease outbreaks and malnutrition in Lesotho, Malawi, Swaziland, Zambia and Zimbabwe. UNICEF supported drought relief efforts in these countries through its Emergency Programme Fund.

Despite these set-backs, overall economic

prospects improved in the region, with Ethiopia, Mozambique, South Africa and Uganda showing buoyancy.

The Great Lakes region (Burundi, Rwanda, Tanzania, Uganda, Zaire) was harbouring about 2.6 million refugees from Burundi and Rwanda. Localized conflicts continued to hamper UNICEF efforts in Somalia, and the ongoing civil war in southern Sudan remained a security risk to neighbouring countries (*see also 'Emergency countries'*).

Post-apartheid reforms and national reconciliation ushered in an extraordinary year of progress for South Africa. The country's Reconstruction and Development Programme has spearheaded initial efforts to extend access to basic services. National goals for children are incorporated in the 1995 policy statement on the Programme, and South Africa ratified the Convention on the Rights of the Child during the year. Formulation of its national programme of action (NPA) for children neared completion by the end of 1995, with advisory support from UNICEF. The process of developing provincial plans of action has started.

Rapid policy reform has been notable in the health sector, with concentration on improving primary care. Policy issues remain to be resolved in some other social sectors, such as education. Progress has also been made in changing the way decision makers look at children. They are now seen as central to the development process, whereas under apartheid they were viewed as a marginal group whose needs were addressed — if at all — from a welfare perspective.

The Convention on the Rights of the Child was a symbol of recovery and growth for the whole region in 1995. Botswana and Swaziland joined South Africa in ratifying the Convention during the year, and it has now been ratified by all the countries of the region except Somalia. As a result, closer ties have been facilitated between UNICEF and a host of organizations concerned with children, including AIDS orphans and children affected by armed conflict.

The devastating impact of the HIV/AIDS epidemic on individual, family and community well-being is increasingly being felt in the region. Child mortality rates are rising in Uganda, Zambia and Zimbabwe; the under-five mortality rate in eastern and central Africa is expected to be approximately 182 per 1,000 by 2015-2020, rather than 159, as estimated without AIDS. The number of child-headed families is growing. Households are adapting to the loss of adult workers by cultivating less labour-intensive, and less nutritious, subsistence crops.

Programmes aimed at changing sexual behaviour, controlling sexually transmitted diseases and providing clinical and psychosocial care are being implemented in many countries, but they generally lack sufficient political support and resources. Partnerships between governments and civil society need strengthening, and protection of the rights of people living with HIV/AIDS is a key requirement of effective national strategies.

Emphasis was given in 1995 to improved monitoring of the condition of children as a basis for informed planning and advocacy. UNICEF supported surveys of progress towards mid-decade goals in 11 countries, often in collaboration with the UN Economic Commission for Africa (ECA) and the United Nations Population Fund (UNFPA).

ECA and UNICEF worked with national statistical agencies to incorporate social indicators in routine data-gathering and together published the *Atlas of the African Child*, a cartographical depiction of social development.

The adolescent girl communication initiative, a multimedia project similar to South Asia's *Meena*, started up in eastern and southern Africa. Its purpose is to help adolescents develop life skills and become more involved in community affairs (*see also 'Communication and social mobilization'*).

Although large disparities remain between countries, broad improvements are evident in the prospects for many of the region's children. Most countries have taken action to iodize their salt supplies. Botswana, Kenya, Lesotho, Malawi,

UNICEF-ASSISTED PROGRAMMES IN:

Angola
Botswana
Burundi
Comoros
Eritrea
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mauritius
Mozambique
Namibia
Rwanda
Sao Tome and Principe
Seychelles
Somalia
South Africa
Swaziland
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

While their parents work in the fields, these young children perform a play as part of an enrichment programme at an agricultural cooperative in rural Mozambique.

UNICEF/2821/Schytte

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Namibia and Zimbabwe have achieved immunization coverage rates of 75 per cent and above. Kenya, Lesotho, Swaziland, Tanzania, Zambia and Zimbabwe have oral rehydration therapy (ORT) use rates above 75 per cent. Mid-decade goals pose a special challenge to those countries affected by, or emerging from, emergencies.

Almost all countries in the region have NPAs for children or have incorporated such programmes into their national development plans. Nonetheless, many nations face daunting challenges in terms of their capacity to raise primary school enrolment rates, provide access to safe water and sanitation, and improve child protection and nutrition.

Major constraints on countries' efforts include chronic underfinancing of essential public services, the increasingly drastic impact of the HIV/AIDS pandemic, the often weak administrative and financial capacity of national and local governments, and rising levels of crime in urban areas. UNICEF has become increasingly involved in these issues in individual countries, both as an advocate for the rights of children and women and as a supporter of data collection and analysis linked to policy development.

UNICEF introduced a gender development index in 1995 as a means of consolidating statistical data on social developments affecting women. The index was used in preparations for the Fourth World Conference on Women (Beijing), and national statistical offices have been encouraged to continue disaggregating national survey data by gender.

Intergovernmental organizations continued to make progress on regional cooperation and trade. The Southern African Development Community* worked to lower trade barriers, mobilize finance for development and share water resources, and the Intergovernmental Authority on Drought and Development (IGADD) re-emerged as a forum for resolving conflict and promoting food security. UNDP, UNICEF and USAID helped IGADD to develop its capacity in these areas. The Organization of African Unity (OAU) also sought new areas of focus in the post-apartheid era. Its efforts were invigorated by the growing willingness of African leaders to confront Africa's problems more directly. UNICEF and other United Nations organizations, in turn, endeavoured to set up more structured relationships with intergovernmental organizations.

The dialogue among Africa's partners has been enhanced by broad international agreement that investing in people, particularly women and children, is the foundation for sustained growth in the 21st century. However, decisive international action to resolve the massive and largely unpayable debts of several countries, including Madagascar, Mozambique, Tanzania, Uganda and Zambia, is long overdue.

*Angola, Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe.

Having fled into Zaire with the remnants of Rwanda's army in 1994, these former child soldiers are building a shelter for themselves in a UNICEF-assisted camp for unaccompanied children.

UNICEF/92-2092/Pirozzi

Ratified by all countries in West and Central Africa, the Convention on the Rights of the Child recognizes the right of every child to a free primary education.

WEST AND CENTRAL AFRICA

SIXTEEN OF THE 23 COUNTRIES IN WEST AND Central Africa are among the world's least developed, and prospects for their children improved only modestly in 1995. Economic growth was positive but weak in West Africa but declined in Central Africa; in most cases it was outstripped by population growth. Per capita income continued to fall. Many countries remained highly dependent on external funding, and some relied on aid for half or more of their revenues. Their continued fiscal dependence loomed ominously for children in 1995 when several large donors indicated that aid levels would be cut.

The spending priorities of donors and governments also bode poorly for the region's children. Only a small proportion of official development assistance (ODA) is directed to basic human needs, and government expenditures for health and education are below average for sub-Saharan Africa. According to UNDP's *Human Development Report 1995*, stronger national commitments to human needs would have enabled 18 countries to do significantly more for their people, even with the slender resources at their disposal.

The democratic reform process was uneven in 1995. There was a strengthening of democratic institutions in Benin, Burkina Faso, Gabon, Guinea, Niger and Togo. In Côte d'Ivoire, the opposition boycotted the presidential elections but participated in the legislative ones. Elections were postponed in Nigeria, and in the Gambia, military rule persisted. Political problems continued in Zaire.

An encouraging development in the Central African Republic, Chad, Guinea, Mali and Mauritania has been the growth of local NGOs and privately owned newspapers and radio stations. During the year they supported successful campaigning by UNICEF to increase child immunization rates and reduce the incidence of dracunculiasis (guinea worm disease).

Political instability and armed conflicts had disastrous effects on women and children in a number of countries. UNICEF stepped up its emergency assistance in Sierra Leone and supported rehabilitation efforts in Liberia, where a fragile peace had emerged after the 11th round of peace negotiations. *(See also 'Emergency countries'.)*

West and Central Africa was the first UNICEF region in which all countries ratified the Convention on the Rights of the Child, but at the end of 1995, only four countries — Burkina Faso, Niger, Nigeria and Senegal — had filed reports on their implementation of the Convention. All countries but Gabon were scheduled to have reported by then.

With increasing urbanization in the region, UNICEF intensified its advocacy for special protection of neglected and abused children, focusing particularly on child workers, child prostitutes, street children, young girls working as domestic servants and boys forced into begging. It is estimated that up to 20 per cent of children in Africa are working, and the number is rising because of increasing poverty, population growth and the failure of school systems to meet the growing need for basic education.

All but two countries (Mauritania and Niger) had ratified the Convention on the Elimination of All Forms of Discrimination against Women by the end of the year. UNICEF provided technical support to Niger in the ratification process and strengthened its gender training for UNICEF staff.

Performance in terms of the mid-decade goals for children was mixed. A number of countries achieved or were close to achieving the goal of

UNICEF-ASSISTED PROGRAMMES IN:

Benin
Burkina Faso
Cameroon
Cape Verde
Central African Republic
Chad
Congo
Côte d'Ivoire
Equatorial Guinea
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Senegal
Sierra Leone
Togo
Zaire

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Despite steady progress in providing safe drinking water to communities across West and Central Africa, more than half of the population still lacks access to it.

UNICEF/92-0091/Pirozzi

immunizing 80 per cent of their children against the six main diseases, but the region as a whole managed only a 45 per cent average.

Use of ORT against diarrhoeal diseases was a low 35 per cent at the beginning of 1995, but almost all countries had plans of action to increase its use. Three countries (Cameroon, Cape Verde and Guinea) had met the 80 per cent mid-decade goal.

The incidence of dracunculiasis in the region has been dramatically reduced, and at the current rate of progress it could be eradicated by the year 2000. The case-load was expected to fall below 50,000 by the end of 1995.

Water and environmental sanitation programmes continued to emphasize low-cost interventions and the participation of women. Regional access to these services remained low, however, with about 45 per cent of people having access to safe drinking water and 25 per cent to sanitation.

By the end of 1995, a large majority of countries had laws or legislation in process requiring the iodization of table salt. They included Ghana and Senegal, the region's leading salt exporters. All countries also increased access to vitamin A during 1995 through capsule distribution and/or the promotion and consumption of foods rich in vitamin A.

Every country in the region has regulations against the free or low-cost distribution of breast-milk substitutes, and by early 1995 more than half had comprehensive national policies promoting breastfeeding. However, only 19 per cent of the hospitals targeted by the baby-friendly hospital initiative had thus far been declared 'baby-friendly'.

By the end of the year, some 4,000 health centres (about 80 per cent of the target) had embraced the Bamako Initiative's concept of community co-management and co-financing of primary health care. The Initiative has improved the quality of care and access to essential drugs and has provided a valuable safety net for communities in situations of political instability. In the Congo, Togo and Zaire, health centres under the Bamako Initiative managed to function better under stress than did other parts of the health system.

Policy makers turned a spotlight on education in 1995 with subregional meetings in Guinea and Mali and an OAU announcement that 1996 would be the Year for Education in Africa. There were just 12 countries (Cameroon, Congo, Côte d'Ivoire, Gabon, Ghana, Mauritania, Mauritius, Nigeria, Senegal, Togo, Zaire, Zambia) in which at least half of all children reached grade 5, and girls were especially disadvantaged by low enrolment levels and high drop-out rates. In eight countries, fewer than one third of girls reached fifth grade.

There are serious problems throughout the region in terms of education quality and the willingness of parents to put their children in school and keep them there. However, there is also growing awareness of the need for policy reforms that support education for girls and involve communities in non-formal and adult education. During the year, UNICEF assisted innovative education projects aimed at achieving these goals in Benin, Burkina Faso, Ghana, Guinea, Mali and Senegal.

MIDDLE EAST AND NORTH AFRICA

ECONOMIC BELT-TIGHTENING CONTINUED IN much of the Middle East and North Africa region during 1995. Even so, most countries reported progress towards their goals for children. Stagnating oil prices and high fertility rates have both contributed to a gradual decline in regional per capita income since 1988. Virtually all countries have been affected to some degree by wars and civil conflicts in the MENARO neighbourhood, if not actually within their borders *(see also 'Emergency countries')*. Many countries have had to contend with structural adjustment, and some, including the Sudan and Yemen, have been affected by declining donor interest.

The Middle East peace process remained encouraging during 1995. The Palestine Authority reflected a mood evident throughout the region by holding a symposium on Palestinian children to review progress in the development of an NPA. NPA goals, strategies, project outlines and funding requirements were elaborated within a five-year programme for implementation starting January 1996.

Aiming to encourage investment in the region, Jordan hosted a regional economic summit in October, which was attended by government ministers and business and financial leaders. Subsequently, UNICEF and the Arab Thought Forum, a pan-Arab NGO active in development, cultural and policy issues, followed up with a regional consultation on social change in the Middle East. The consultation recommended steps to ensure that vulnerable groups in the region are protected and that social development is regarded as a top priority by policy makers, donors and the media.

The Social Summit (Copenhagen, April), the Fourth World Conference on Women (Beijing, September) and the International Conference on Population and Development (Cairo, September 1994) helped focus governments and NGOs on the principal challenges to social development. UNICEF collaborated closely with the Economic and Social Commission for Western Asia, UNFPA, UNIFEM and other UN agencies in planning for those conferences, as well as with NGOs, including the Arab Council for Childhood and Development and the Centre of Arab Women for Training and Research.

Despite their relatively high levels of education, women form only a small part of the region's paid workforce. UNICEF sponsorship enabled a number of government and NGO delegates to attend the Women's Conference in Beijing, and the fact that several reversed strongly held positions to support the final Platform for Action suggests that more countries might be persuaded to ratify the Convention on the Elimination of All Forms of Discrimination against Women. As of 31 December 1995, only 7 of the 19 MENARO countries (Egypt, Iraq, Jordan, Libya, Morocco, Tunisia, Yemen) had ratified it.

Agreements with groups in southern Sudan enabled UNICEF to maintain child protection services, especially immunization and dracunculiasis programmes, in most parts of the country *(see also 'Emergency countries')*.

UNICEF collaboration with OAU, the League of Arab States and individual governments helped generate a greater commitment to children's needs in planning and policy-making during the year. Many MENARO countries, including Egypt, Jordan, Lebanon, Libya, Morocco, Oman and the Sudan, have established national commissions for children, and Tunisia's Council of Ministers adopted a code for the protection of the child. Among other things, the code provides for an

UNICEF-ASSISTED PROGRAMMES IN:

Algeria
Djibouti
Egypt
Iran, Islamic Rep. of
Iraq
Jordan
Lebanon
Morocco
Oman
Sudan
Syria
Tunisia
West Bank and Gaza
Yemen

A Red Crescent nurse holds a baby in a maternal and child health centre in a Palestinian refugee camp in Lebanon.

UNICEF/5224/Toutounji

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These women in the Sudan are studying sewing as well as learning to read in a UNICEF-assisted programme to acquire skills that will help them earn money.

UNICEF/4635/Lemoyne

ombudsman at the governorate and *willaya* (district) level to monitor and investigate complaints from the public about child rights abuses. Tunisia is the only country with such a code in the region.

All but two countries in the region have ratified the Convention on the Rights of the Child, and a number of bodies, including the Organization of the Islamic Conference, worked during the year to encourage the remaining countries, Oman and the United Arab Emirates, to do so. During 1995, Lebanon, Tunisia and Yemen reported to the Committee on the Rights of the Child about their implementation activities. UNICEF financed a study in Lebanon analysing legislation in relation to the Convention. In Jordan, King Hussein appointed Queen Noor to establish and chair a national task force for children to monitor implementation of the Convention. UNICEF worked closely with the Queen's office to establish the task force.

More than half of the MENARO countries have met the mid-decade goals on immunization, neonatal tetanus, measles, polio and water supply, and almost half have met the ORT and sanitation goals. All countries are in position to meet the year 2000 goals for immunization and to reduce the incidence of measles, polio and neonatal tetanus.

As of end-1995, 70 per cent of Syria's table salt is iodized, and salt specifications were revised in Jordan during the year to require the addition of iodine to locally produced and imported edible salt.

Nearly all country programmes are giving priority to girls' education, and Egypt, Jordan, Morocco, the Sudan and Syria have made significant progress in this respect. Egypt and Morocco have established community schools to reach girls in rural areas.

In poorer countries, including Djibouti, Egypt and the Sudan, effective planning and solid government commitments to meet the goals for children have yielded significant progress under difficult conditions. Egypt has met the mid-decade immunization goal and is on track to meet goals for neonatal tetanus, measles, ORT and provision of safe water. The Sudan is well positioned to meet the goals for immunization, vitamin A, salt iodization, ORT and the baby-friendly hospital initiative. In Djibouti, considerable progress was made in immunizing children, and ORT was being used in 70 per cent of diarrhoea cases.

All countries held National Immunization Days for polio and/or measles, in cooperation with WHO. A number of countries made the most of their investment by adding on other health activities, including distributing iodized salt (Iran) and vitamin A capsules (Sudan) and vaccinating women against tetanus in high-risk areas (Iraq, Syria).

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EAST ASIA AND THE PACIFIC

THE EAST ASIA AND PACIFIC REGION maintained its strong overall record of economic growth and human development in 1995. Just 16 per cent of the rural population now lives in absolute poverty — the lowest rate in the developing world — and more than 95 per cent of school-age children enrol in primary school.

Nonetheless, behind these encouraging regional trends are wide variations among countries. Per capita income in Cambodia, the Lao People's Democratic Republic, Myanmar and Viet Nam is less than $300 a year, and under-five mortality remains high at 177 deaths per 1,000 live births in Cambodia, 138 in the Lao Republic and 109 in Myanmar. While concerted regional efforts towards child survival and development are likely to continue to boost performance averages, much more needs to be done to reduce wide disparities, both nationally and regionally, in conditions for children.

Although explanations for individual country performance vary throughout the region, a number of ingredients are common to the most successful. They include an established pattern of long- and medium-term planning, priority setting and resource allocation; strong political leadership supported by relatively stable and efficient bureaucracies; and close links between the public and private sectors. All have helped to generate infrastructure and environments that favour investments in primary health care, education and other basic services, as well as improvements in the status of women.

Viet Nam, despite its low per capita income, offers encouragement in this respect. Its under-five mortality rate (46) is well below the rates of neighbouring Cambodia and the Lao People's Democratic Republic for several reasons. Among them are legislation establishing the minimum age of marriage for women at 18; full immunization of 85 per cent of children since 1989; 80 per cent ORT access since 1991; the availability of trained health workers to assist with 70 per cent of births; and a growing market economy that helped to transform the country from a rice importer in 1989 to the world's third biggest exporter in 1993.

Most countries, however, are beginning to recognize that rapid social change can also have a downside. Urbanization, environmental degradation, an expanding gap between rich and poor and exploding numbers of children needing protection, such as working and street children, are challenging policy makers as never before.

Decision makers are also beginning to recognize the negative as well as positive influences that are flooding the region through radio, television and other media. Bold yet sensitive approaches are needed to guide young people through a barrage of media and entertainment messages that can profoundly influence their lifestyle choices. Ready access to entertainment that exploits violence and experimentation with sex and drugs in the age of AIDS have potentially deadly consequences.

UNICEF support continued for a wide range of innovative media programmes capitalizing on the unrivalled capacity of the communications revolution to educate and to encourage behavioural change. Alarmed by the rapid transmission of HIV infection, the Government of Thailand has taken the lead in promoting AIDS awareness among youth, and UNICEF has focused its efforts on high-risk groups including hill tribes, children

In Myanmar, a village girl fills a gourd with safe water from a UNICEF-supplied tap.

UNICEF/95-0143/Charton

UNICEF-ASSISTED PROGRAMMES IN:

Cambodia
China
Cook Islands
Federated States of Micronesia
Fiji
Indonesia
Kiribati
Korea, Dem. People's Rep. of
Lao People's Dem. Rep.
Malaysia
Marshall Islands
Mongolia
Myanmar
Niue
Palau
Papua New Guinea
Philippines
Samoa
Solomon Islands
Thailand
Tokelau
Tonga
Tuvalu
Vanuatu
Viet Nam

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in urban slums, street children, the rural poor and workers in the informal sector.

UNICEF efforts have emphasized training, the distribution of health and safety information among factory workers and the integration of AIDS education into school curricula. These activities have been facilitated by the willingness of the Government to confront the AIDS epidemic with bold public initiatives, but not all societies lend themselves to such a direct approach.

In Malaysia, for example, UNICEF has been supporting the development of AIDS messages that are sensitive to the cultural and religious environment.

Education has been a powerful springboard for economic growth and poverty reduction in the region. There is virtually no difference between enrolment rates for girls and boys, and 87 per cent of students continue at least until fifth grade. A few countries, including Indonesia and Thailand, are hoping to extend basic education to nine years' duration.

Most of the mid-decade goals are within reach for the region as a whole, and some of them have already been achieved in a number of countries. Regional child immunization rates remained the highest in the developing world for all antigens. There was a strong possibility in 1995 that China, Indonesia, the Lao People's Democratic Republic, Mongolia, the Philippines and Thailand would become polio-free by year's end, joining the Democratic People's Republic of Korea, Malaysia and all 13 Pacific Island countries. Polio could also be eradicated from Cambodia, Myanmar and Viet Nam by 1997. According to WHO data, there were only 699 recorded cases of polio in the Western Pacific in 1994, compared with 6,000 in 1990.

Some of the region's most encouraging results during the year were recorded in its least developed countries. Viet Nam reported that it had virtually eliminated vitamin A deficiency. The Lao People's Democratic Republic achieved 69 per cent immunization coverage of BCG (tuberculosis) and 73 per cent for measles, and succeeded in iodizing 80 per cent of the nation's edible salt supply. Data from Cambodia and the Lao Republic indicated that UNICEF support for teacher training and school clusters had helped to boost school enrolment and completion rates. In Papua New Guinea, where health workers visited remote villages at least once every three months providing maternal and child health services, the prospect of universal immunization coverage in 1996 has been revived.

In Cambodia, UNICEF worked with the Government and NGOs on the country's first five-year programme of cooperation (1996-2000), in which the focus has shifted significantly from emergency relief and rehabilitation towards community action for the social development of children and women.

The region achieved universal ratification of the Convention on the Rights of the Child in 1995 with the addition of Brunei Darussalam, Kiribati, Malaysia, Palau, Singapore, Solomon Islands, Tonga and Tuvalu.

China hosted the Fourth World Conference on Women in September, and UNICEF and the Government of Viet Nam jointly organized the Third East Asia Pacific Ministerial Consultation on the Goals for Children and Development to the Year 2000 (Hanoi, 13-16 November). Government ministers and planners from 18 countries signed a declaration encouraging a 20 per cent budget share for social development programmes and renewed commitments to child protection and basic services.

Women and men watch their lessons on a video monitor as they participate in a long-distance learning project in China.

UNICEF/95-0579/Hayes

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SOUTH ASIA

THE COUNTRIES OF SOUTH ASIA CONTINUED to register economic growth in 1995. Efforts towards economic liberalization have increased, with more openness to foreign trade and investment and support for private enterprise. Yet the great majority of the population remains poor, and most countries employ over 80 per cent of their workforce in agriculture. There is continuing concern that the benefits of growth are not spread evenly among the people, but several governments are taking active steps to ensure that vulnerable groups are not hurt by limitations on public spending.

A quarter of the world's children live in South Asia, and 37 million newborns swell their ranks each year. In 1995, there was little indication that the enormous challenges to their development had diminished. More than 3.5 million under-five-year-olds died from poverty-related causes, almost two thirds of the region's children were undernourished, and fewer than half the children were likely to complete five years of primary education.

The main obstacles to child survival and development in the region — malnutrition and poor sanitation and hygiene — do not lend themselves simply to technological fixes. Progress depends largely on changes in family attitudes, practices and allocation of household resources. For example, although breastfeeding is almost universal in South Asia, almost half the mothers delay initiating it in the mistaken belief that colostrum is harmful. Commercial breastmilk substitutes are making dangerous inroads, especially in Bangladesh and Pakistan.

The baby-friendly hospital initiative has increased awareness among paediatricians of the importance of breastfeeding, but indirect advertising of infant formula continues. UNICEF and the International Baby Food Action Network (IBFAN) held a workshop to draft a model regional code on the marketing of breastmilk substitutes. It will be presented to a technical committee of the South Asian Association for Regional Cooperation* (SAARC) for further action.

Although data are considered unreliable, maternal mortality estimates range from 140 deaths per 100,000 live births in Sri Lanka to more than 1,700 per 100,000 in Afghanistan. Throughout the region, UNICEF works to reduce these numbers through child survival and safe motherhood programmes and assistance in the development of emergency obstetric services.

UNICEF/5371/Isaac

Mothers regularly bring their babies to a mother/child health centre in Pakistan for examinations and growth monitoring.

Access to sanitation services remains low throughout the region. In 1990, such access ranged from about 6 per cent of the population in Nepal to 60 per cent in Sri Lanka. Mid-decade goals were realistically pegged to each country's situation, and though they were achieved, they are still far from the year 2000 global goal of universal access. For instance, the goal for Nepal was to double access to 12 per cent by mid-decade, and the country exceeded that with reported access of 16 per cent in 1995.

UNICEF maintained its strong gender focus in all regional and country programmes. During the year, the SAARC Technical Committee on Women in Development urged member countries to appraise the status and needs of girls in difficult circumstances. The appraisals were discussed in November at a meeting that developed recommendations for endorsement at the 1996 Summit of Heads of State or Government. Proposals were made for reforms to harmonize national legislation with the Convention on the Rights of the Child and to establish 2005 as the deadline for the elimination of child labour in the region.

Child labour was a major UNICEF focus. Despite universal regional ratification of the Convention on the Rights of the Child, estimates of the working child population of South Asia range between 35 million and 88 million, with many children employed in exploitative and dangerous situations. Almost every country in the region

UNICEF-ASSISTED PROGRAMMES IN:

Afghanistan
Bangladesh
Bhutan
India
Maldives
Nepal
Pakistan
Sri Lanka

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* Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka.

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has recognized child labour as a priority issue, and it remained the subject of close collaboration between UNICEF, ILO, governments and industry.

In Bangladesh, UNICEF launched an initiative with the Bangladesh Garment Manufacturers and Exporters Association to gradually eliminate child labour in the garment industry and enrol released child workers in school. In India, the Rugmark Foundation has been set up by German carpet importers, NGOs and UNICEF to rid the carpet industry of child labour on a realistic time plan. Rugmark progressed slowly but steadily during the year *(see also 'Child protection')*.

Responsibility for the UNICEF country programme in Afghanistan was transferred from the CEE/CIS and Baltic States region to the South Asia region in 1995 to draw on the experience of other South Asian countries. However, Afghanistan's persistent state of emergency and the absence of a central government greatly complicated the short-term prospects for its children. The country's social indicators are among the worst in the world. In November, UNICEF suspended assistance to education programmes in areas where local Taliban authorities had closed girls' schools; the action was taken under article 2 of the Convention on the Rights of the Child, which obliges States parties to respect children's rights without discrimination.

Crowded classrooms, irrelevant curricula, rote learning, lack of attention to children's readiness for formal instruction and discrimination against girls are reflected in high drop-out and repetition rates in early grades, ranging from 10 per cent to 50 per cent throughout the region. The percentage of children completing five years of primary education ranges widely from 9 per cent in Bhutan to 92 per cent in Sri Lanka.

UNICEF continued to support a number of large-scale, cost-effective and culturally sensitive innovations in support of Education for All. Well-supervised paraprofessional teachers were used successfully in Bangladesh, India and Pakistan to encourage school enrolment, especially for girls in rural areas. The skills of large numbers of underqualified and untrained teachers were upgraded throughout the region by means of on-the-job teacher education.

An additional concern during the year was the impact of war on children in Afghanistan and Sri Lanka. A UNICEF 'education for peace' initiative reached more than 40,000 children in Sri Lanka during 1995, a year in which the Government made an all-out drive against Tamil forces. Sexually transmitted diseases are another ominous and growing threat, particularly given the increasing rates of heterosexual transmission of HIV/AIDS, especially among commercial sex workers.

All countries gave greater attention to vaccination in 1995, although immunization rates fell below 1990 levels in some cases. National Immunization Days for polio resulted in 90 per cent turnouts in Bhutan, India and Pakistan, but only 43 per cent of Pakistani children under 12 months were covered by other vaccines.

The nutrition initiative for South Asia, established in late 1994, began efforts to improve understanding of malnutrition by governments and development agencies. Activities have included assessing nutrition projects, refocusing strategies and working with policy makers and donors, including the Asian Development Bank.

Significant gains were also made against micronutrient deficiencies. Although the region did not achieve its target of universal salt iodization by 1995, striving towards the mid-decade goal helped accelerate progress in all countries, most notably Pakistan *(see also 'Nutrition')*. All states in India have banned the marketing of non-iodized salt, and UNICEF facilitated the drafting of a code for the import/export of iodized salt between South Asian countries.

UNICEF maintained its partnerships with a wide range of international bodies, NGOs and other organizations in South Asia including the Asian Development Bank. In Bangladesh, UNICEF remained closely involved in measures to coordinate United Nations activities for human development devised by the Consultative Group (led by the World Bank) and the Joint Consultative Group on Policy (JCGP, consisting of UNDP, UNFPA, UNICEF and WFP).

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Instead of going to school, these Nepali girls work at breaking stones into gravel for road building. UNICEF, together with many partners, works to eliminate exploitative and dangerous child labour.

UNICEF/93-1253/Noorani

THE AMERICAS AND CARIBBEAN

ECONOMIC GROWTH SLOWED AND POVERTY increased in many countries of Latin America and the Caribbean in 1995. Growth in gross domestic product for the region slowed to 1 per cent in 1995, after having topped 4 per cent in 1994, and growth in per capita GDP declined.

Expectations for dynamic growth and increased social development were frustrated by the economic crisis in Mexico, which served as a warning about the fragility of the economic model being implemented by most of the countries in the region. Relying heavily on external investment, this model is subject to disruptions from external shocks. At the same time, it is incapable of adequately distributing the fruits of growth. Unemployment climbed and real wages fell in Argentina, Ecuador, Mexico, Uruguay and Venezuela.

One spot of good news was inflation — it was at its lowest rate in 25 years. For the first time in 10 years, the region may have a trade surplus.

Iodizing table salt, as in this factory in Bolivia, is an easy and effective way of preventing IDD.

UNICEF/91-0902/Cindy

The raw edge of the poverty data was blunted to some degree by progress towards the mid-decade goals. The education goal was achieved regionally, and neonatal tetanus has been eliminated. About three quarters of the countries reached the immunization goal for DPT, polio and measles, and a large majority of countries are iodizing all salt supplies. Vitamin A deficiency is a problem in about 15 countries, of which half have made significant progress in food fortification or supplementation. About one third of the targeted hospitals have achieved baby-friendly status.

In addition, under-five mortality had fallen between 1980 and 1993 by an average of 4.5 per cent annually to 48 child deaths per 1,000 live births. However, nine countries with 65 per cent of the region's population (Argentina, Bolivia, Brazil, Ecuador, El Salvador, Guatemala, Haiti, Mexico and Peru) had rates that were still much too high in relation to their GNP per capita, and wide disparities remained between rural and urban areas and indigenous and non-indigenous populations.

Reflecting an increase in economic and social tensions in urban areas in particular, violence has become a major cause of death in the 5-14 age group in several countries, particularly Colombia and Guatemala.

The persistence of young child mortality in very poor communities throughout the region highlighted the continued impact of diarrhoeal diseases and acute respiratory infections, often associated with malnutrition. In countries like Mexico, where significant inroads have been made on these diseases, continued problems of low birth weight associated with poor nutrition during pregnancy, the young age and poor health of mothers, and deficient maternal care continued to have repercussions on later growth and development.

Mobilization of the pharmaceutical industry was helpful in raising ORT use to 60 per cent of diarrhoeal episodes nationwide in Brazil and 85 per cent in Mexico. Foods such as sugar and flour have been successfully fortified with vitamin A with cooperation from the private sector in Bolivia, Brazil, El Salvador, Guatemala, Honduras, Mexico and Venezuela.

Enthusiastic advocacy efforts made a particular difference in Guatemala. Similar efforts are in the planning stages in the Dominican Republic, Ecuador and Nicaragua.

Maternal mortality remains unacceptably high throughout the region and has not fallen appre-

UNICEF-ASSISTED PROGRAMMES IN:

Antigua and Barbuda
Argentina
Barbados
Belize
Bolivia
Brazil
British Virgin Islands
Chile
Colombia
Costa Rica
Cuba
Dominica
Dominican Republic
Ecuador
El Salvador
Grenada
Guatemala
Guyana
Haiti
Honduras
Jamaica
Mexico
Montserrat
Nicaragua
Panama
Paraguay
Peru
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Suriname
Trinidad and Tobago
Turks and Caicos Islands
Uruguay
Venezuela

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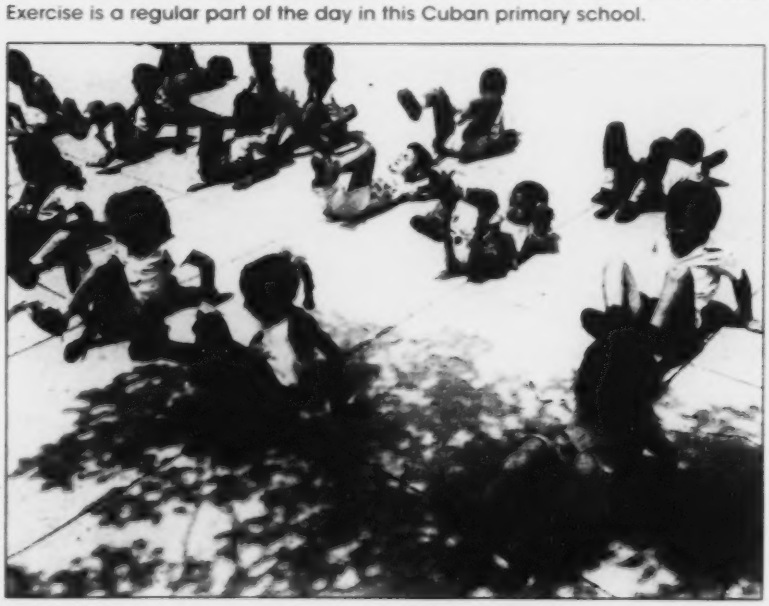
ciably. It is the only social indicator that has not shown improvement. The average rate is 140 deaths per 100,000 live births, ranging from 55 in Costa Rica to 1,000 in Haiti. Maternal mortality is consistently high among Andean populations. The key underlying causes are abortion and inadequate access to 'user-friendly' health services, while the fundamental cause is discrimination against women.

All countries in the region have ratified the Convention on the Rights of the Child, and by the end of the year six countries (Bolivia, Brazil, Dominican Republic, Ecuador, El Salvador and Peru) had integrated the Convention into legislation. Monitoring systems were evolving, and the reform of national child protection bodies promised greater respect for child rights. In Argentina, 300,000 people wrote to legislators during a UNICEF-sponsored Child Rights Week, urging that legislation be adapted to the Convention.

During 1995, UNICEF provided technical and financial support to Argentina, Mexico, Uruguay and Venezuela to bring national legislation into conformance with the Convention. Recognizing that the next step is to promote reform of institutions and individuals (child welfare agencies, judges, police, social workers, etc.) responsible for implementation of the new child legislation, the emphasis is now on training in child rights and development. Curriculum material to spread knowledge in these areas has been developed and offered to universities and other educational institutions.

Exercise is a regular part of the day in this Cuban primary school.



UNICEF/95-0381/Barbour

The development of clear policies for eradicating child labour has been hampered by the lack of reliable data on the scope and characteristics of the problem. UNICEF has therefore assisted Brazil, Colombia, Ecuador, Guatemala and Peru in undertaking studies of child labour, giving special attention to its link with basic education.

UNICEF has also developed a framework for reform of juvenile justice systems in the region to address the tendency to criminalize poverty, especially among children living on the streets. Recognizing the need for public embracement of reformed child policies, UNICEF has encouraged the participation of civil society, not just governments, in designing new policies for children.

In recognition of the fact that quality of schooling is the primary education problem in the region, UNICEF cooperated with the World Bank during the year to put on regional training workshops for teachers. Along with UNESCO, UNICEF supported regional authors and publishers in designing and producing materials both for students and for training teachers in Chile, Costa Rica, Dominican Republic, Ecuador, Guatemala, Honduras, Paraguay and Peru. At a global, NGO symposium in Costa Rica on Early Childhood Education in the Context of Poverty, UNICEF also promoted strategies to improve knowledge of child development among parents and other caregivers.

Major UNICEF partners in the region include the Economic Commission for Latin America and the Caribbean (ECLAC), the Pan American Health Organization (PAHO), UNESCO and the World Bank. Through collaboration with ECLAC, two regional publications — *Social Panorama* and *Decentralization: The Experience of Chile and Argentina* — were published during the year to enhance understanding of the regional social situation.

UNICEF has also collaborated in work on child labour with ILO, Save the Children and the Inter-American Institute of the Child. At the Fifth Ibero-American Summit of Heads of State and Government, the final declaration included a recommendation calling for social information systems to be strengthened as a means to provide data for evaluating progress towards implementation of NPAs.

CENTRAL AND EASTERN EUROPE, COMMONWEALTH OF INDEPENDENT STATES, AND BALTIC STATES

SOCIAL AND ECONOMIC TURMOIL IN much of Central and Eastern Europe, the Commonwealth of Independent States, and the Baltic States contributed in 1995 to a general lack of confidence in the future, reflected in fewer marriages, more divorces, declining birth rates and increasing domestic violence. In some countries, more than one third of the population was living below the poverty line.

Perhaps surprisingly, mortality among children and mothers throughout the region has so far increased only modestly; in some cases not at all. Some of the most visible human signs of deteriorating conditions have been among men between 30 and 40 years of age. Available data for this group show a higher-than-usual incidence of stress-related illnesses, alcohol and drug abuse, suicides, accidents and homicides, all of which have left families in distress.

The countries of Central and Eastern Europe (CEE) have been better able to absorb the shocks of economic and social transition, with the Czech Republic, Hungary, Poland and Slovakia already showing signs of recovery. However, among the south-eastern European countries (Albania, Bulgaria, Romania), real wages have declined, and child welfare indicators, including infant mortality rates and primary school enrolment, have stagnated.

High inflation continued to plague the Slavic countries of the former Soviet Union, eroding further the social fabric of Belarus, the Russian Federation and Ukraine. Women and children were the main casualties of civil war and ethnic strife in the Caucasian nations as well as in parts of the Central Asian republics where state institutions were unable to cover the costs of essential services.

Unexpected set-backs in the Baltic countries included a decline in real income and the bankruptcy of Latvia's main bank. Crude death rates increased in Estonia and Latvia, and under-five mortality rates were worse than during the pre-transition period. However, welfare prospects in the Baltic States did improve, with education reforms and better social security legislation in Estonia and Latvia.

The region fell short of its mid-decade goals in safe water supply and sanitation, salt iodization and the baby-friendly hospital initiative. Shortages of vaccines and other supplies resulted in a diphtheria epidemic in the Commonwealth of Independent States (CIS). WHO predicted 150,000-200,000 new cases in 1995, following 47,802 cases reported in 1994. Large-scale emergency interventions were needed by mid-1995, and these were to be funded through a $21 million appeal launched in July by WHO, UNICEF and the International Federation of Red Cross and Red Crescent Societies (IFRC).

By year's end, about half the money had been raised and spent. The appeal was to continue until the end of June 1996. The epidemic, which spilled into countries outside the region, highlighted the need for more comprehensive immunization services and more effective surveillance systems.

Measles remained a major threat to children throughout the region in 1995. Immunization has fallen since 1992 due to a shortage of vaccines (except in the Russian Federation). In Belarus, for example, measles cases increased by 83 per cent compared with 1994. The case-load could quickly reach epidemic proportions without effective measures to boost vaccination rates.

One encouraging factor was an important breakthrough in the campaign to eradicate polio, which followed the discovery in 1994 that 80 per cent of polio cases in the WHO European Region were found in the Mediterranean, Caucasian and Central Asian countries (MECACAR). A concerted immunization effort in 1995 brought

UNICEF-ASSISTED PROGRAMMES IN:

Albania
Armenia
Azerbaijan
Bosnia and Herzegovina
Croatia
Georgia
Kazakstan
Kyrgyzstan
Moldova
Romania
Tajikistan
The former Yugoslav Rep. of Macedonia
Turkey
Turkmenistan
Uzbekistan
Yugoslavia

UNICEF/5552/Hanley

During Romania's difficult economic transition, UNICEF has assisted in upgrading teacher skills and child development curricula, such as in this kindergarten class in an orphanage.

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UNICEF/95-0358/Lemoyne

Barbed wire protects people from a mined field in this displaced persons' camp in Bosnia and Herzegovina. This woman also finds it useful for drying laundry.

that share down to 20 per cent. The Russian Federation will join the MECACAR campaign in 1996, raising hopes that polio can be eliminated from the WHO European Region before the turn of the century.

Complex emergencies continued in the Caucasus, but the year's most dramatic humanitarian tragedy unfolded in the countries of former Yugoslavia, where the fall of safe havens in Bosnia and Herzegovina and Croatia led to the flight of thousands of civilians, mostly women and children. The Dayton accords negotiated in the US in November 1995 paved the way for accelerated rehabilitation efforts. UNICEF's main role will be to aid in the rapid reinforcement of immunization and education services *(see also 'Emergency countries')*.

The over-exploitation of the Aral Sea for irrigation and the overuse of pesticides have created a social and environmental disaster for the surrounding region. UNICEF continued to work with the Governments of Kazakstan, Turkmenistan and Uzbekistan as well as the World Bank and major NGOs to provide urgent support for the basic needs of children and women affected by skin diseases, acute respiratory infections and other health problems resulting from the pollution. In 1995, UNICEF, the World Bank and other partners launched the Aral Sea Project for Environmental and Regional Assistance to enthusiastic public endorsements from national leaders and experts. Provision of health supplies, medical training and advocacy for sanitation and environment issues began in 1995 and will continue until the end of 1997.

The Executive Board approved a two-year country programme for Moldova, its first, in 1995. Subject to Board approval of other country programmes in 1996, UNICEF assistance will for the first time support the needs of children throughout the CEE/CIS/Baltic States region. Preparation of country programmes for all countries in the region has been closely coordinated with the World Bank and NGOs.

Although all countries have ratified the Convention on the Rights of the Child, it became clear during 1995 that an increasing number of States parties were having difficulty making timely submissions of their reports on implementation and might need technical assistance and advisory services from UNICEF and interested NGOs. A UNICEF consultant will be available to assist those countries in 1996. Although a number of countries submitted their reports on time, Armenia, Moldova, Slovakia, Tajikistan and Turkmenistan were overdue with their submissions by less than one year. Albania, Azerbaijan, Bosnia and Herzegovina, Bulgaria, the Czech Republic, Estonia, Hungary, Latvia and Lithuania were overdue by one year.

A UNICEF-financed analysis of the situation of children in the Russian Federation found that the abuse of alcohol, tobacco and drugs by mothers contributed to a doubling of diseases, congenital and otherwise, among newborns between 1989 and 1993 and that 15-30 per cent of preschool children suffered from chronic diseases. Both infant and maternal mortality rates increased slightly and were more than double the average for Western industrialized countries.

These and other findings formed the basis of a 1995 state decree specifying World Summit and country-specific goals to be achieved for children by the year 2000. The decree paves the way for the Russian Federation's 84 regions and republics to apply for funding from their own governments and from regional resources. It is hoped that this approach will serve as a model for planning and resource allocations in other countries of the region.

EMERGENCY COUNTRIES

UNICEF/94-0886/Lemoyne

A testament of war and a sign of hope: graffiti on this war-ravaged building in Mostar (Bosnia and Herzegovina) reads, "I dream of peace."

THE LEVEL OF CONFLICT IN THE WORLD exploded during the 1990s. The outbreak of fratricidal civil wars has challenged governments, NGOs and local and international organizations to provide for the emergency needs of civilians caught in the crossfire while continuing to attempt to foster long-term development.

When conflicts erupt, threatening to derail UNICEF's ongoing work in a country, our challenge is to adapt our approach to the changed circumstances so that we can maintain our programme priorities.

In education, for instance, the emphasis might shift temporarily to providing 'school-in-a-box' kits so young students can continue their lessons in refugee camps; and monthly vaccination days may give way to less frequent but more intensive 'days of tranquillity' when combatants agree to stop fighting in favour of a massive immunization campaign and provision of other health services. Our goal in all countries undergoing emergencies is to build on the work already done to lay the foundation for long-term peace and progress.

UNICEF spent 25 per cent of its total programme expenditures ($203 million) in 1995 on the needs of children and women in 21 countries torn by armed conflict, as well as 10 affected by

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UNICEF/94-101/Rwanda

Helping to rebuild an educational system destroyed by Rwanda's recent civil war, UNICEF supplied 'school-in-a-box' kits and trained teachers in their use.

natural disasters. This figure represents a slight decline from the high of 28 per cent ($223 million) in 1993. As recently as 1990, though, emergencies took up only 8 per cent of programme expenditures ($49 million).

Six UNICEF staff members lost their lives in the line of duty during the year, one in Angola, two in Burundi, one in Nigeria and two in Somalia.

With children increasingly bearing the brunt of civil conflict around the world, UNICEF reviewed its mission, policies and strategic priorities in emergencies in 1995 in an effort to improve its ability to respond quickly and effectively to situations that put children at particular risk. The review covered staff training and development at headquarters and in regional offices; headquarters operations management; and expansion of the stockpile of emergency supplies prepacked for shipment from the Copenhagen warehouse.

The United Nations Department of Humanitarian Affairs launched a landmark study on the impact of sanctions on humanitarian assistance. This effort followed a drive in the Inter-agency Standing Committee, supported by UNICEF, calling for global analysis of this issue.

The study emphasized the need to assess the impact of sanctions on vulnerable groups; formulate strategies to ensure that sanctions do not hinder humanitarian activities; and offset any negative effects of sanctions on affected groups.

At the same time, UNICEF explored appropriate strategies to cushion vulnerable groups from the painful impact of sanctions. The challenge remained to harmonize the organization's advocacy role for children affected by sanctions with its solidarity with the United Nations system.

UNICEF responded to emergencies in 1995 with support in four areas: monitoring and evaluation of fragile situations; development of local capacity to cope with emergencies; child survival, protection and development; and physical and psychological rehabilitation of child victims. UNICEF provided technical and financial support as well as relief supplies and equipment, delivered in collaboration with other agencies.

During the year, UNICEF created a rapid response team of 18 specially trained staff members who remain on stand-by at regular duty stations for quick deployment to any emergency. This core group will be augmented as necessary by additional international and national officers with special skills, particularly in administration, finance, personnel and the establishment of emergency systems.

The team will reinforce field offices for up to 90 days. After one year, the members will be replaced by new cadres. The team was not deployed in 1995, although some of its members were sent to emergency countries to provide support.

In other actions to improve headquarters operations management, an emergency operations centre was set up to handle communication between headquarters and the field, and the human resources inventory for emergency mobilization was updated.

UNICEF continued to monitor threats to staff security in the field. Technical improvements were made to improve field communications. Extensive consultations were held with United Nations sister agencies, NGOs, donor countries, host governments, National Committees and other partners to assess the effectiveness of UNICEF cooperation.

COUNTRIES AFFECTED BY ARMED CONFLICT

UNICEF PARTICIPATED IN EMERGENCY RELIEF and rehabilitation in the following countries:

- **AFGHANISTAN:** Shifting alliances, continued fighting and insecurity dominated the Afghan landscape in 1995. The Taliban Islamic student militia forces controlled 14 of the country's 30 provinces, and in late October they closed schools for girls in Kandahar and Herat, seriously hampering UNICEF's ability to reach and assist them. *(See 'South Asia' for the UNICEF response.)*

UNICEF received $3.1 million from a United Nations Consolidated Appeal and delivered emergency assistance through five offices covering 21 provinces and a population of 20 million people. Activities emphasized nutrition and immunization. A special campaign provided oral polio vaccine to 2.4 million children in accessible areas.

UNICEF and local NGOs provided safe water and sanitation services, supplementary feeding, educational materials and health services for about 200,000 internally displaced people. A pilot 'home school' project for girls was operated in cooperation with CARE International. UNICEF also initiated an education for peace programme using materials developed by the United Nations Office for the Coordination of Humanitarian Assistance to Afghanistan and the International Committee of the Red Cross (ICRC).

- **ANGOLA:** After years of civil war, a peace accord signed in November 1994 brought a measure of stability. The arrival of 6,500 United Nations military and police personnel beginning in April was a first step towards national reconciliation and demobilization. But Angola's recovery prospects are seriously constrained by a heavy case-load of war-traumatized children, some of the world's poorest health and development indicators and the presence of an estimated 15 million unexploded land-mines and other ordnance. Only $14 million of the $52 million UNICEF portion of the United Nations Consolidated Appeal for 1995/1996 was received. UNICEF assistance helped to immunize more than 1.7 million under-five-year-olds against polio and 560,000 against measles. Tetanus toxoid was provided to 723,000 women of childbearing age.

UNICEF also supported the rehabilitation of health facilities, helped provincial governments repair handpumps and construct latrines, and trained educators in psychosocial counselling.

- **ARMENIA:** The Nagorno-Karabakh ceasefire continues to hold, but Armenia still harbours a refugee population of about 300,000 from Azerbaijan and 77,000 internally displaced people, along with 500,000 people left homeless by the earthquake of 1988. An additional 1.6 million people have been identified as socially vulnerable due to the economic crises aggravated by the continuing de facto blockade of Armenia by most of its neighbours.

UNICEF has received funds for its emergency operations in Armenia, as well as Azerbaijan and Tajikistan *(see those countries, below)*, from the UN Inter-agency Appeal for April 1995-March 1996 and from the joint Emergency Appeal for Diphtheria Control in the Newly Independent States made by UNICEF, WHO and the International Federation of the Red Cross and Red Crescent Societies (IFRC). The diphtheria appeal was launched in June in response to an epidemic that began in 1994 *(see 'CEE/CIS and Baltic States')*. UNICEF has contributed to programmes in rural water supply and sanitation, control of diarrhoeal diseases and diphtheria immunization.

- **AZERBAIJAN:** The country has 1 million refugees/internally displaced people as a result of the conflict with Armenia, and the economic recession has worsened the living conditions of countless others as well.

To alleviate widespread anaemia and malnutrition, UNICEF provided vitamins for children and pregnant women and assisted in strengthening nutritional monitoring capacity. UNICEF provided vaccines and cold chain equipment and

Afghanistan
Angola
Armenia
Azerbaijan
Bosnia and Herzegovina
Burundi
Croatia
Georgia
Haiti
Iraq
Liberia
Mozambique
Russian Federation (Chechnya)
Rwanda
Sierra Leone
Somalia
Sudan
Tajikistan
The former Yugoslav Rep. of Macedonia
Yugoslavia
Zaire

A mine-awareness poster warns residents of Kabul (Afghanistan) about the dangers of land-mines.

UNICEF/95-0228/Hartley

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trained staff for the diphtheria control programme, which started in November. By the end of the year, about 6.8 million children and adults were to be vaccinated and all diphtheria cases and close contacts were to be treated.

◆ **BOSNIA AND HERZEGOVINA:** The end of a cease-fire in the spring brought renewed fighting throughout the country and left many internally displaced people from all ethnic groups, mostly women and children. The changing course of the war, coupled with an international military and diplomatic offensive, led to the conclusion of peace negotiations in November.

UNICEF helped to revitalize primary health care, provided education materials and aided in developing psychosocial assistance programmes for children in Mostar, Sarajevo and central Bosnia. Cooperative self-help projects aided the rehabilitation of service infrastructure.

◆ **BURUNDI:** Violence escalated ominously in Burundi, which has been embroiled in crisis since a coup in October 1993. Acts of terrorism disrupted basic social services throughout the country and left about 14 per cent of the population displaced, dispersed or living in refugee camps by the end of the year. Adding to this burden was the presence of 200,000 refugees from the 1994 ethnic conflict in Rwanda.

UNICEF provided essential drugs, implemented a supplementary feeding programme and distributed maternity kits to health centres. Assistance was also given to meet the basic needs of 14,000 children separated from their families and to support their temporary placement while family tracing efforts continued. Other activities included support to water and sanitation services, development of peace education curricula and in-service training for teachers.

◆ **CROATIA:** The 'Mayors, Defenders of Children' initiative proved to be a useful vehicle for mobilizing emergency assistance to 12 front-line cities most affected by the war in the Balkans. Five baby-friendly hospitals were established, about 600 teachers were trained in peace education and conflict resolution, and about 500 teachers were trained in trauma relief.

◆ **GEORGIA:** Despite a 1994 cease-fire, around 280,000 people remain displaced from the conflict zone of Abkhazia. UNICEF supplied about $1 million worth of essential drugs for a maternal and child health programme and assisted the polio eradication campaign, which reached about 90 per cent of the targeted population. The diphtheria control programme *(see section on Armenia, above)* was to have reached 4 million people by the spring of 1996. To sustain schools, UNICEF supplied 60 tons of chalk and 12,200 classroom kits at the beginning of the 1995-1996 school year.

UNICEF/95-0372/Maillefer

For civilian populations caught in war, normal activities become a daily struggle. In the city of Gorazde, in Bosnia and Herzegovina, a mother and her children gather wood for fuel.

◆ **HAITI:** With the end of Haiti's political crisis and the reinstatement of the constitutional Government in October 1994, UNICEF began a $30.9 million, three-year interim programme that shifted emphasis from emergency relief to social development. The interim programme includes basic services in health and nutrition, education, and water and sanitation, and it assists in local capacity-building, women's empowerment and child rights advocacy.

Other UNICEF assistance during the year enabled Haiti to immunize almost 95 per cent of its children under 14 years against measles *(see also 'Immunization')*.

◆ **IRAQ:** Four years after the Persian Gulf war, an alarming increase in child malnutrition has resulted from decreased oil revenues, runaway inflation and high food prices due to the impact of economic sanctions. By the end of the year, donors had provided only half of the $29 million sought under the UNICEF portion of the 1995 United Nations Consolidated Appeal; in 1994,

MOSTAR, BOSNIA AND HERZEGOVINA

Teen report: Transforming the pain of war

In November 1995, just days after the initialling of the Dayton peace accords in Ohio, three teenage journalists visited Bosnia and Croatia. Accompanied by UNICEF, they represented Children's Express, an award-winning US news service whose reporters are 8 to 18 years old. The three New York-based reporters, ages 13 to 15, stayed for a week in Mostar. While there, they interviewed Dr. Patrick Smith, a clinical psychologist from London University and the head of UNICEF's psychosocial programme in Mostar. He is helping the children of Mostar recover from the traumatic stress of war.

"The aim of the programme is to support local authorities in rebuilding services for children," said the psychologist, who has been running the programme for a little more than a year. The approach involves art and therapy programmes, as well as training teachers to run these programmes. There are two levels of training — introductory, in which teachers learn basic techniques to help youngsters of primary school age; and a more specialized level, in which teachers learn to instruct other teachers.

"The larger effect comes from the training of teachers," Dr. Smith said. More than 300 teachers and 45 specialists have been trained so far.

"We've also managed to set up a small, community-based counselling centre on one side of the city, where we see children in groups and individually," he said. "It's much easier to tell how well we've been working when we see kids directly because we can see the effect we are having."

One private patient who did not want to be identified talked about problems he has suffered since the war began. "I was expelled from my home," he said. "My mother was beaten. My father was beaten. And I was beaten as well. That was the worst day of my life, when we were beaten. There were many dead bodies, and many soldiers around. After that I couldn't sleep well. I thought those soldiers were coming back. They are still chasing me in my dreams."

Dr. Smith said that these kinds of nightmares are common in children suffering from post-traumatic stress. "There's a huge range of reactions that teachers and local professionals are talking about," he said. "Some older kids become depressed. Children are very anxious and nervous, and cannot concentrate well at school. Some feel paradoxically guilty about having survived, or about not having done enough to help people when the war was happening."

The big thing in treating post-traumatic stress is to encourage young people to talk about what happened to them — not put it back in their heads.

"We try to address the trauma directly by teaching relaxation," he said. "Then we ask children to talk about what's happened to them, or perhaps write about it in diaries or stories. Or maybe we'll use drawings to get them to express themselves."

But many children still do not feel comfortable talking about their experiences. When asked what he would tell his own children about the war, Dr. Smith's patient said, "Nothing," adding, "it's not good to talk about the war."

The psychologist said that it might take some time for children to relax and become more easy-going and comfortable talking about their problems. But how can they be normal youngsters again? One boy said that his generation was the "destroyed generation."

Some young people feel vengeful, and psychosocial programmes are essential to the next generation of Bosnians, both to prevent the return of war and to instil in people a sense of normalcy.

"I don't think these young people are going to grow up like kids in New York or London," Dr. Smith acknowledged. "But I think they may feel as though they've learned something special and are wiser from having lived through the war."

contributions totalled less than 25 per cent of the targeted amount of $30 million.

UNICEF nevertheless continued to support supplementary feeding centres for severely malnourished children, provided almost $4 million worth of education materials to schools, and supported immunization, salt iodization, safe water and sanitation, and the early detection and treatment of acute respiratory infections (ARI).

◆ **LIBERIA:** The country approached its seventh year of civil war with a multitude of broken peace accords in its wake, but the Abuja agreement, signed in September, was holding. About a quarter of the population was internally displaced and another quarter had taken refuge in neighbouring countries. The remaining half had limited movement in a confined area representing about one fifth of the total land mass protected by peace-keeping forces. Given the high level of insecurity and lack of access, programme delivery was largely confined to the 120-km axis of Monrovia-Harbel-Buchanan along the coast.

UNICEF worked with UN agencies and NGO partners on programmes in health, nutrition, water and sanitation, education and children in especially difficult circumstances. Should the September peace agreement continue to hold, UNICEF will face the additional challenge of helping to rehabilitate and reintegrate into the community 15,000 to 20,000 child soldiers — about 30 per cent of Liberia's fighting factions — as well as all other war-affected children.

◆ **MOZAMBIQUE:** While Mozambique's young democracy continued to evolve in a climate of relative peace, the economy was still ailing. Along with Tanzania, Mozambique ranks last in the world in GNP per capita ($90 annually), and more than 60 per cent of the population was living in absolute poverty. Refugees who recently returned home and those living in drought-affected areas continued to need assistance. With the return to normalcy, several international NGOs that had been active during the emergency, including ICRC, left the country, weakening delivery of essential services.

UNICEF's emergency programme supported nutritional surveillance in several districts. With $1.2 million from the Trust Fund of the United Nations Office for Humanitarian Assistance Coordination (UNOHAC), UNICEF built classrooms, health facilities and water points in two provinces. UNICEF is helping to build the capacity of the Ministry for Social Welfare and is supporting expansion of NGO services for street children. UNICEF is now coordinating the National Land-mine Awareness Campaign, in close collaboration with Handicap International.

◆ **RUSSIAN FEDERATION (CHECHNYA):** UNICEF established a presence in Dagestan in January 1995 and released $1.2 million from the Emergency Programme Fund to assist families fleeing the war in Chechnya. Medical equipment, weaning foods, hygiene items, clothing and school supplies were provided for 330,000 internally displaced children and women in Dagestan and Ingushetia. A cholera preparedness programme was also established in Dagestan. A total of $4.5 million in cash and in-kind contributions was received later for UNICEF's Chechnya emergency programme.

UNICEF withdrew from Dagestan in September following an agreement in July between the Russian Federation and Chechen rebels, a decreasing case-load of internally displaced persons and budget constraints. However, through December, UNICEF continued to train local professionals and community volunteers to treat war trauma in children in Dagestan and Ingushetia.

◆ **RWANDA:** With the country emerging from the crisis of 1994, UNICEF turned to reconstruction, rehabilitation and development in 1995. Special emphasis was given to the needs of unaccompanied children, child prisoners and traumatized children. *(See 'Child protection' and the box, 'When prisoners are children'.)*

As of December 1995, UNICEF had helped reunite 12,049 unaccompanied children with family members in Rwanda and more than 11,000 others with family members in refugee set-

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Unable to farm, displaced families receive corn rations in a UNICEF-assisted emergency relief centre in Mozambique.

UNICEF/93-1835/Andrea

WHEN PRISONERS ARE CHILDREN

At the end of 1995, a year and a half after the ethnically based massacre of 830,000 civilians, around 1,600 Rwandese children were still languishing under appalling conditions in adult prisons, accused of acts of genocide. Also detained were almost 1,000 women: some had given birth in prison, and many had been arrested with their children.

"The prison situation in Rwanda is a humanitarian nightmare," said Peter Hansen, United Nations Under-Secretary-General for Humanitarian Affairs. "Prisons are filled up to nine times their capacity. In some instances, there are four prisoners per square metre, with no shelter from sun or rain."

UNICEF took up the cause, citing the Convention on the Rights of the Child, which entitles children to protection against cruel, inhuman or degrading treatment and punishment.

Working with Rwanda's Ministry of Justice, UNICEF developed a programme to provide for the psychosocial needs of under-five-year-olds detained with their mothers in the Kigali Central prison. UNICEF also established a programme to improve living conditions and legal protection for all detained children.

UNICEF advocated for the separation of all child prisoners from adults and prioritized the transfer of the 150 children under 14 years old in the Kigali Central, Butare and Gitagata prisons to a separate rehabilitation centre in Gitagata. Children were also transferred there from several municipal jails. Of the 191 children in Gitagata, 9 were released and reunited with their families in 1995. Their release was considered a hopeful sign for the remainder of the children.

UNICEF also took steps during the year to establish a centre to house 230 women prisoners with children in Miyove, in the north, and to clear the judicial backlog affecting the remaining child prisoners.

With UNICEF support, the Ministry of Justice established a special division for the legal defence of children. Five lawyers were hired to represent these children, and the Attorney General's office received technical and logistical support to create a special team of judiciary police inspectors to work exclusively on juvenile cases.

Support was also given to the Ministry of Family and Women's Promotion and the Ministry of Justice to create a national commission for child and women's rights. It will draft a bill to create a childhood code, a women's code, and a juvenile Chamber within each Appellate Court in the country.

tlements in eastern Zaire. UNICEF also assisted in establishing a national trauma recovery centre in Kigali. It opened in June and trained more than 3,000 Rwandese to help children recover from their experiences.

UNICEF worked with the Ministries of Defence and Rehabilitation on a project to demobilize child soldiers and help reintegrate them into civilian life. A transit centre for child soldiers was opened in Butare for 2,500 children aged 7-17.

Working with ICRC, UNICEF continued to assist in rehabilitating water treatment plants and the electrical grid. With help from UNESCO, 1,500 primary schools were restocked with textbooks, supplies and teacher guides. Health care workers were trained in health promotion and disease control, and 80 per cent of one-year-olds were given DPT, polio and tetanus immunizations. Household food security was bolstered by the distribution of seeds to 40,000 families.

As the year drew to a close, insecurity persisted in parts of the country, and almost 2 million refugees from Rwanda remained in Tanzania and eastern Zaire, where they faced increasing pressure to leave.

◆ SIERRA LEONE: Civil unrest and armed rebellion plagued Sierra Leone during 1995. Rebel attacks on vehicles and the killing of civilians on main highways made it extremely difficult to transport food and other supplies to much of the interior. It was estimated that more than 300,000 people had fled the country and that 1.5 million others were internally displaced, almost half of them children under 15. About 5,000 unaccompanied children were living in the four main cities, and welfare institutions were finding it difficult to cope with their needs.

UNICEF collaborated with Médecins Sans Frontières-Belgium and Sierra Leone's Ministry of Health on a measles campaign that reached

UNICEF/93-1025/Press

A teacher corrects a boy's assignment in a refugee camp in southern Sudan. Recognizing that schooling gives structure to lives disrupted by conflict, UNICEF supports education activities in emergency countries.

123,000 children in war-torn areas. UNICEF and NGO partners also supported supplementary feeding centres and the construction of schools in areas burdened with internally displaced populations. 'School-in-a-box' kits were distributed and peace education promoted.

◆ **SOMALIA:** The complete withdrawal of UNOSOM II forces in March marked the end of international efforts to create peace through the establishment of a broad-based national government. The capital, Mogadishu, remained divided between hostile factions supported by well-armed but poorly controlled militia. Insecurity and a dramatic decline in donor funding threatened to reduce UNICEF's scope of action. The organization responded by restructuring programmes to sustain the most essential services and maintain staff and supplies for rapidly changing emergency situations, operating in five locations for most of the year and delivering about $20 million in humanitarian assistance. Activities were temporarily suspended in two areas, however, after all 19 international staff working for the UN and NGOs were detained and their operational bases were looted on 19 September.

UNICEF played a crucial role in re-establishing and maintaining services for Somali children and women and in facilitating the operations of a wide range of NGO partners. UNICEF efforts concentrated on safe water and education, including trauma treatment through schools.

◆ **SUDAN:** The country's 12-year civil war remained the greatest threat to children and women. As lead agency for non-food assistance in Operation Lifeline Sudan (OLS), a UN-coordinated relief and rehabilitation effort in southern Sudan, UNICEF directed assistance to more than 4 million people in the southern regions and the transitional zone where no one party was in firm control, as well as internally displaced populations around Khartoum. The operating environment for OLS remained tense throughout the year, with frequent kidnapping of relief workers and looting of materials. One ray of hope was the agreement by the two main rebel groups in the south to abide by the principles in the Convention on the Rights of the Child.

Despite the lack of security, UNICEF contributed to relief and rehabilitation efforts throughout the country by providing materials, such as fishing equipment and seeds, to help households get back on their feet. UNICEF-OLS helped 20 NGOs to strengthen feeding centre operations and train staff. Primary health care centres serving 1.7 million people were provided with basic drugs. UNICEF and its NGO partners continued immunization, against measles in particular, and trained more than 900 Sudanese in hygiene education and well repair and maintenance. UNICEF-supported education activities benefited 302,000 children in southern Sudan, focusing on girls, and more than 780 children were reunited with their parents.

◆ **TAJIKISTAN:** Most of the people internally displaced by the civil war of 1992-1993 have returned home, and many of the remaining 25,000 refugees in Afghanistan are waiting to repatriate. The cease-fire prevails, but fundamental issues of political representation have not yet been resolved. However, the post-civil war emergency is over, and the focus is moving towards rehabilitation and economic development.

UNICEF has begun a five-year country programme (1995-1999) that will incorporate some activities initiated as part of emergency assistance and will support longer-term programmes in health, water and education. A baseline study was made to identify health and educational needs in the south. UNICEF provided essential drugs, especially in the war-affected area of Khatlon Province, and gave support to improve the quality of maternal health care.

A diphtheria immunization campaign, started in October 1995, aims to reach about 4.5 million people. *(See section on Armenia, above, and 'CEE/CIS and Baltic States'.)* UNICEF assisted in rehabilitation of water sources and latrines in primary schools and maternity centres and

provided health and hygiene education.

◆ **THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA:** The country continued to be affected by war elsewhere in the region and by sanctions on Yugoslavia in particular. With UNICEF assistance, immunization coverage against the main diseases held at about 90 per cent. Psychosocial services were provided for child refugees and for children in institutions, and basic education materials were supplied to elementary and primary schools.

◆ **YUGOSLAVIA:** The influx of refugees into Yugoslavia raised the estimated child refugee population to 215,000. UNICEF provided emergency relief for the new arrivals and supported trauma relief training for paediatricians, teachers and psychologists.

◆ **ZAIRE:** The unstable economic and political environment in Zaire has led to further deterioration in the situation of children and women. Since 1994, the country has had the additional burden of the 1.2 million refugees from Burundi and Rwanda. UNICEF has provided assistance both to Zairian children and women and to refugees and the internally displaced. Particular attention was given in 1995 to rehabilitation of health centres (using the Bamako Initiative approach), vaccination campaigns and community-based efforts to improve primary education and water and sanitation. Assistance was also provided to child soldiers, children in conflict with the law and street children and to efforts to reunite Rwandese children with their families.

Efforts by UNICEF and NGOs to reunite families separated by the civil strife in Rwanda were responsible for this happy moment: a mother is reunited with her two boys.

UNICEF/94-1028/Press

COUNTRIES AFFECTED BY NATURAL DISASTERS

Botswana
Costa Rica
Democratic People's Republic of Korea
Lesotho
Malawi
Namibia
Swaziland
Turkey
Zambia
Zimbabwe

THOUGH MOST EMERGENCY ASSISTANCE was directed to countries undergoing conflict in 1995, UNICEF also assisted those affected by natural calamities. UNICEF responded to the drought in southern Africa, with assistance to Botswana, Lesotho, Malawi, Namibia, Swaziland, Zambia and Zimbabwe. Emergency water supplies were provided along with basic health care and supplementary nutrition.

In collaboration with the World Food Programme (WFP), UNICEF provided food supplements to the Democratic People's Republic of Korea after 75 per cent of its territory was inundated by floods in July-August. UNICEF also responded to an earthquake in Turkey and a flood in Costa Rica during the year.

UNICEF continued to play an important role in capacity-building and advocacy for prevention and preparedness of natural disasters. Following its participation in the World Conference on Natural Disaster Reduction in Yokohama in 1994, UNICEF in 1995 organized special activities with the theme 'Women and children — Key to Prevention' in support of the International Decade for Natural Disaster Reduction (IDNDR). A special children's issue of the *Stop Disaster* newsletter was also produced in collaboration with IDNDR.

The strategy adopted at Yokohama stresses local capacity-building in disaster preparedness and prevention. In line with this approach, countries prone to natural disasters, including Bangladesh and several countries in southern Africa, are establishing or strengthening early warning and surveillance systems within the framework of country programmes.

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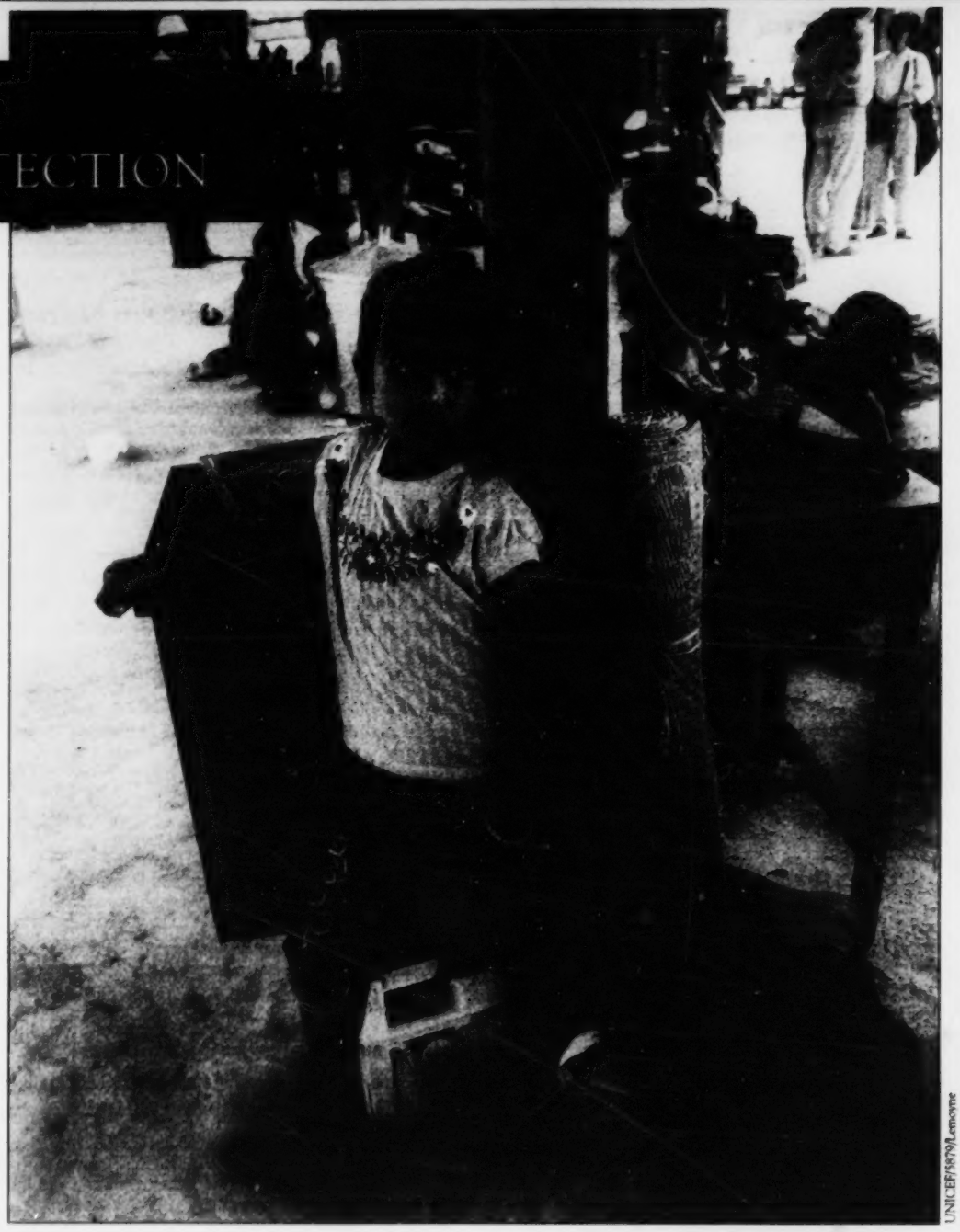
CHILD PROTECTION



In a repatriation centre in Cambodia, a refugee girl awaits her fate. Painful separations from family, community and school are among wars' legacies to children.

UNICEF/5879/Lemoyne

THE 1990S HAVE USHERED IN A NEW ERA for children, marked by the growing global recognition of the fact that children have unconditional and inviolable human rights. This growing consensus on child rights and the powerful framework provided by the Convention on the Rights of the Child are having a profound effect on UNICEF thinking and policy.

The dynamism of this rights approach was reflected in 1995 in the review of UNICEF's response to circumstances that cause gross violations of child rights. A new, integrated policy, to be submitted to the Executive Board in 1996, calls for special protection measures for children at serious risk — such as those working under exploitative conditions, who are disabled or suffering from HIV/AIDS, who have lost their families or primary caregivers, or who are suffering from war or other forms of organized violence.

The broad-based initiatives anticipated will be undertaken by UNICEF and its partners to ensure that children who are vulnerable or at high risk are able to enjoy and exercise their rights. During 1995, UNICEF worked closely with the Committee on the Rights of the Child and the 38 organizations of the NGO Group for the Convention on the Rights of the Child in pursuit of common strategies and to better share responsibilities.

CHILD LABOUR

A NUMBER OF DEVELOPMENTS IN 1995 RAISED the public and political profile of child labour. In May, UNICEF, which buys about $400 million in supplies from industrialized and developing countries each year, adopted a procurement policy stating that it will purchase products only from companies that comply with existing national labour laws and regulations, provided that those laws comply with the Convention. UNICEF country offices have been charged with verification of their suppliers' credentials, and it is hoped that other international organizations will follow their example.

In Bangladesh, an understanding was reached between the Bangladesh Garment Manufacturers and Exporters Association (BGMEA), UNICEF, the International Labour Organisation (ILO) and the Government to end employment of children under 15 in garment factories. The agreement called for ending recruitment of child workers in the 1,821 BGMEA factories and for current underage workers to be removed from factories and enrolled in schools, jointly funded by UNICEF and BGMEA. (More than 20 schools for former garment industry workers were opened as of March 1996 and were filled to capacity.)

To help temper the financial loss poor families incur when child workers lose their jobs and enter schools, stipends of up to 300 taka ($7.50) a month are to be given the children from funds provided by BGMEA and ILO's International Programme on Elimination of Child Labour. The stipend is less than what a child worker earns — 200 to 1,000 taka a month — and the BGMEA has further agreed to employ qualified adults from families whose children are laid off.

The agreement, signed in July and endorsed by the Government of Bangladesh, is expected to affect at least 11,000 child workers in BGMEA factories, the majority of whom are girls. Although the garment industry employs only a small percentage of child workers in Bangladesh, it is the largest single source of export earnings and a powerful economic and social force in the country. Thus, actions in the garment industry are expected to influence other industries, both formal and informal.

In India, UNICEF continued to work with carpet manufacturers and national and international NGOs to promote the 'Rugmark' programme, which got under way in three states in 1994. As a result, thousands of handwoven rugs were exported with Rugmark labels certifying that children were not involved in their production. More than 100 carpet manufacturers have applied to use the Rugmark label on their products. To earn the right, they must guarantee that they do not employ children under 14 years old and that their workers receive at least the official minimum wage. Participating factories, which are subject to random inspection of their premises without notice, pay a levy of 1-2 per cent of the carpet value at the point of export. The levy proceeds go to a fund to rehabilitate children released from the carpet industry, mainly through primary schooling. UNICEF has agreed to manage the fund.

UNICEF studied the linkages between child labour and basic education in Brazil, Colombia, Ecuador, Guatemala, Jamaica and Peru during the year. The findings were to be presented in early 1996.

The 1995 regular session of the UN General Assembly requested the Secretary-General, in cooperation with ILO, UNICEF and others, to report on current UN initiatives and programmes to combat child exploitation and labour and to recommend ways of improving international cooperation in this area. The General Assembly also requested information on the causes and consequences of child labour.

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CHILDREN AND WAR

ARMED CONFLICT IS A SIGNIFICANT CAUSE of death and disability among children in developing countries. Land-mines are the major culprit, and their destructiveness continues long after wars end. In 1995, UNICEF called for an international ban on the production, use, stockpiling, sale and export of anti-personnel mines and supported an international conference in Cambodia in June to reinforce demands for a complete ban on these weapons. UNICEF also joined the Office of the United Nations High Commissioner for Refugees (UNHCR) in 1995 in refusing to do business with companies involved in the production or sale of anti-personnel mines or their components.

UNICEF continued its efforts through the Working Group of the Commission on Human Rights to raise the minimum age for the recruit-

UNICEF/94-1000/Press

As part of the effort to reunite children with their families in Rwanda, UNICEF posts photographs of family members in centres across the country.

ment of soldiers from 15 to 18. A first draft of an Optional Protocol to the Convention on the Rights of the Child to achieve that goal was adopted by the Working Group in October.

UNICEF support also continued for Rwandese children orphaned or separated from family members by the civil war. Technical and other assistance was provided to the Ministry of Rehabilitation for a national trauma recovery programme *(see also 'Emergency countries')*.

UNICEF also provided logistical and financial support to the UN 'Study on the Impact of Armed Conflict on Children', by a high-level commission under the leadership of Ms. Graça Machel, former First Lady of Mozambique. The result of her two-year investigation, begun in 1994, will be presented to the General Assembly in 1996. The first of six regional consultations was held in Addis Ababa in April 1995, addressing the situation of children in 15 countries in eastern, central and southern Africa. An Arab Consultation was held in Cairo in August, and a West African Consultation followed in November in Abidjan. Regional consultations are scheduled for Europe and Latin America in early 1996.

Among the issues the study is exploring are the participation of children in armed conflict and the special situation of girls; the impact of armed conflict on children's physical and mental health; provision of education to children in areas of armed conflict; protection of children from landmines; and lessons learned from 'education for peace' programmes in Lebanon.

In May and November, UNICEF and the Harvard Center for Population and Development Studies organized workshops to assess the psychosocial needs of children affected by armed conflict and recommend humanitarian responses. Participants included UNHCR, the European Union, the United States Agency for International Development (USAID) and NGOs.

SEXUAL EXPLOITATION

UNICEF AND ASIANET, A REGIONAL NGO, established a regional programme in 1995 to combat an increase in child trafficking in South-East Asia. The programme initiated a survey of trafficking and trained law enforcement officers in aspects of sexual exploitation and the Convention. The programme also advocated training to prevent sexual exploitation and support for the treatment and rehabilitation of child victims, as well as efforts to trace and reintegrate children who had been abducted or otherwise separated from their families and exploited.

UNICEF is a member of the planning committee for the 1996 World Congress against Commercial Sexual Exploitation of Children, hosted by the Swedish Government, to be held in Stockholm (27-31 August). The Congress, initiated by the NGO ECPAT (End Child Prostitution in Asian Tourism), is co-sponsored by UNICEF and the NGO Group for the Convention. The Congress — the first of its kind — aims to engage political leaders and government representatives, UN agencies, intergovernmental and non-governmental organizations, law enforcement agencies, academic institutions, health professionals, representatives from the tourism industry and global media in addressing this issue.

UNICEF is involved in a number of activities aimed at combating child prostitution. In Brazil, UNICEF helped to build partnerships between the Government and NGOs and supported a local NGO in a project designed to help 300 young girls in Rio de Janeiro who work as domestic servants and are vulnerable to sexual exploitation. The support and skills training offered enables the girls to find better jobs. A related project offered schooling and skills training for girls aged 7 to 15 who survive on the streets by prostitution.

OLINDA, BRAZIL

Giving voice to sexual abuse: Naira's story

Naira was 13 when her father left the family home in Olinda, a poor city in Brazil's north-eastern state of Pernambuco. He was unemployed and said he was going south to Rio de Janeiro to make some money. He never came back.

Naira is now 15 years old. She is hurt and angry, and like the other 24 girls listening to her story, old beyond her years. Dressed comfortably in T-shirts and jeans or shorts, the girls sit in a tight circle on the floor of a local church meeting room, listening in silence.

"When my father left, my mother was alone, but after a while she found another man," says Naira. "He used to be with the police, but now he's retired and doesn't do anything, just some odd jobs once in a while. When my mother goes to work he follows me around and wants to do things to me. When he drinks, he tries to grab me and drag me to the bed." Fortunately for Naira, her grandmother lives in the same house. "When he starts up like that I run to her and stick close to her," she says. "I don't tell her what's going on, but I think she knows." Naira's mother did not want to hear about her boyfriend's behaviour. "Once I tried to tell my mother, but she didn't believe me," she says.

Francisca, a serious and very adult-looking 16-year-old, sits cross-legged and pensive, absorbing the details of Naira's story — a story much like her own. Francisca is also angry, but timid. She wonders if she would have the courage to tell about the stepfather who wouldn't leave her alone. But she draws strength from the knowledge that her experience is not unique. Almost every girl in the room has a similar story to tell.

The disintegration of families oppressed by poverty in Olinda and other Brazilian cities has exposed countless thousands of teenage girls like Naira and Francisca to sexual abuse at the hands of strangers who are brought into their homes by mothers searching for new partners who might also fill the financial gap left by deserting spouses. A government study in 1991 found that 85 per cent of the household heads in Pernambuco earn less than $300 a month, and more than 5 per cent have no income at all.

The girls were brought together by a project of the Coletivo Mulher Vida (Woman/Life Collective), which was established with UNICEF support in January 1993. Researchers had found that half of the girls making their living on the streets as prostitutes had suffered sexual abuse in their own homes or had run away to escape sexual harassment by stepfathers. This finding led to the establishment of the Woman/Life Collective.

To identify girls at risk of sexual abuse or other violence in the home, the project circulates a discreet questionnaire through schools to girls aged 12 to 16. After the responses are analysed, girls who appear to be living in a high-risk environment are invited, without mention of the underlying reason, to join in cultural and study groups. In most cases, the girls feel privileged to have been selected, as did Naira and Francisca.

Group activities provide opportunities for girls to speak openly about their lives and to share ideas with others who might have similar problems. Educational activities provide information about sexuality, reproduction and sexually transmitted diseases, including AIDS. In 1995, the project had 20 groups working in eight neighbourhoods of Olinda with a total of 160 adolescent girls.

The groups meet once a week in spaces provided by churches, cultural centres and community organizations, and the project has a shelter in one poor neighbourhood where girls already victimized by violence in their homes can stay temporarily. The centre also offers courses in English, typing, computers, theatre, arts, crafts and dance.

The record of the project so far has been overwhelmingly positive. Of the 600 girls associated with the project since 1993, all but 17 found ways to improve their home situation and are either still in school or are working.

Based on these results, the Woman/Life Collective will double the number of groups working with girls in Olinda in 1996 and will begin to share its experience and methodology with other Brazilian towns and cities in the hope that similar projects will take root.

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CHILDHOOD DISABILITY

AT LEAST HALF OF THE WORLD'S ESTIMATED 500 million disabled people live in developing countries, and about 80 per cent of them live in extreme poverty in rural areas. This remains an area of great need: WHO estimates that fewer than 4 per cent of people with disabilities in developing countries have access to rehabilitation services. Nevertheless, 70 per cent of their needs could be met at community level, and UNICEF continued to emphasize family- and community-based training in disability prevention, early detection and rehabilitation. During the year, Iraq, Jordan, Oman and Tunisia introduced new programmes emphasizing this strategy.

UNICEF/93-1193/Hamer

Together with NGOs, UNICEF helps provide artificial limbs and wheelchairs to children handicapped by disease, accidents or land-mines, such as this boy from Nicaragua.

Linkages between childhood disability, poverty, malnutrition and other concerns were discussed at a special workshop on the rights of children with disabilities at the World Summit for Social Development (Copenhagen, March 1995). The workshop, sponsored by UNICEF and organized by Rehabilitation International, drew attention to the need for more effective advocacy and supportive programmes and for monitoring local and international progress on disability prevention and rehabilitation.

Oman's Sultan Qaboos University undertook a household survey of childhood disability and developed modules for training mothers and community-based volunteers in rehabilitation. A National Programme of Action for Childhood Disability aims to reduce disability by 30 per cent and increase the number of under-five-year-olds with access to community-based services from 2 to 25 per cent by the year 2000. UNICEF supported these efforts by providing technical assistance for policy makers, teaching materials on accident prevention to women in community support groups and information for the media.

The Sudan's 1993 census found that about 60 per cent of disabilities are caused by diseases, and UNICEF continued to support a public education campaign on prevention of childhood disabilities.

In Cambodia, UNICEF continued to work with NGOs including Handicap International, the Cambodia Trust and the International Committee of the Red Cross (ICRC) in providing artificial limbs and wheelchairs for children disabled by land-mines and polio. Support also continued for land-mine awareness programmes and the reintegration of disabled children into their communities. Land-mines rank with malaria and tuberculosis as a health hazard in Cambodia, although disabilities caused by deficiencies in iodine and vitamin A are also widespread.

In Lesotho, UNICEF support focused on integrating children with disabilities into primary schools. A UNICEF-assisted 1995 study found that at least 53,000 children had physical and/or mental and learning disabilities. However, there had been little recognition of this problem to date, and strategies to deal with it have yet to be developed.

JUVENILE JUSTICE

IN APRIL, UNICEF SPONSORED A REGIONAL meeting on juvenile justice in Hanoi for government counterparts and NGOs. The resulting declaration emphasized the need for legislative reforms to meet the special needs of children in police custody and before the courts. In May, Rädda Barnen followed up with training on juvenile justice for Vietnamese judges, lawyers, law enforcement officers and parliamentarians. UNICEF sponsored similar training in 1995 in Bolivia, where a module for training juvenile court judges was developed. *(See also box, 'When prisoners are children', in 'Emergency countries'.)*

UNICEF/95-0251/Davies

Youth aged 15 to 24 are the most vulnerable to HIV infection, accounting for half the reported cases. As part of an AIDS awareness campaign in Burundi, a girl displays a T-shirt that reads: "We teach AIDS prevention."

THE UNICEF HEALTH STRATEGY, REVISED in 1995, continues the emphasis on reduction of child illness and death through such activities as immunization, breastfeeding, improved nutritional practices and sound management of illness. It also places greater stress on the protection of children in the second decade of life and on reproductive health. A sharpened focus on the needs of adolescents aligns UNICEF health policy more closely with the Convention on the Rights of the Child and recognizes that the health, attitudes and behaviours of teenagers profoundly affect their capacities as adults.

The strategy was revised to better respond to economic, demographic and lifestyle changes affecting families throughout the developing world. The new strategy reflects the reality that, while infant and child mortality rates have fallen dramatically since the 1960s, communicable diseases such as malaria, diarrhoea, pneumonia and measles remain widespread. In addition, health problems related to increases in poverty, environmental hazards and risky behaviours are growing at alarming rates.

The revised strategy also emphasizes reduction of maternal mortality, with UNICEF advocacy focusing on the underlying social conditions that influence women's health.

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YOUTH HEALTH

ALTHOUGH YOUNG PEOPLE ARE RESPONSIBLE for many aspects of their lives, they remain dependent on adults for information and skills and for access to services. They need the positive reinforcement of families, friends and social values, and the wider supportive environment created by sound policies and legislation. What too many encounter, however, are unstructured and unregulated environments that encourage high-risk behaviours that threatens their health and development. The risks include unsafe and unwanted sex; abuse of tobacco, alcohol and other substances; and violence and accidents. These are problems that often have common roots in poverty, gender discrimination, exploitation, abuse, war and other emergencies.

UNICEF's youth health strategy is therefore centred on the need for information, life skills and access to supportive services to help young people deal with these threats. UNICEF helps to promote healthy behaviour through activities ranging from school-based programmes to use of the same multimedia and mass communication tools used by commercial channels to sell tobacco and alcohol and glamorize easy sex and violence.

In 1995, UNICEF was one of several supporters of *Soul City*, a South African television series blending health messages into a dramatic storyline about life in an impoverished but vibrant urban community. The series was complemented by newspaper supplements, a health booklet and community health campaigns. An independent evaluation found that 2.5 million people had followed health advice they learned from *Soul City*, which aired in prime time and was replicated in a five-language radio version.

The Centro de Vida (Communication for Life Centre) in San Pedro Sula (Honduras) provides a resource for people to develop health communication programmes. With access to the centre's facilities and skills in drama, art, video, radio and photography, young people took action in particular against HIV/AIDS. UNICEF originally provided most of the resources, but the centre is now approaching self-sufficiency. In Abidjan, UNICEF worked with Radio Côte d'Ivoire to incorporate health-related topics — HIV/AIDS, immunization and diarrhoeal diseases, among others — in Sunday morning programmes for youth, children and women. UNICEF Mexico worked with local agencies to prepare health briefing notes for use by radio disc jockeys.

Schools can be a gateway to sound health advice and services for children and adolescents who might otherwise have little contact with the health sector. (*See also box in 'Basic education' and the profile, 'Clean water, long life!'*) Thailand, Zimbabwe and a number of Caribbean countries included age-appropriate lessons to teach life skills in their school syllabuses in 1995, and Cameroon, Ghana, Sri Lanka and Uganda provided extracurricular training through school health clubs and child-to-child programmes. In Cameroon, where about a quarter of the population is between 10 and 19 years old, school health clubs distributed a newsletter and a question-and-answer handbook on AIDS.

Also during 1995, UNICEF supported acceleration of school health programmes (Cameroon, Ghana, Sri Lanka, Thailand, Viet Nam, Zimbabwe, Caribbean countries); development of youth-friendly health services (Myanmar, Zambia); and health promotion and outreach through NGOs (Mali, Philippines, Uganda, Zimbabwe). Many countries expanded their use of modern communications to improve health.

REPRODUCTIVE HEALTH

IN 1995, JOHNS HOPKINS UNIVERSITY, WHO and UNICEF developed a new approach to estimating maternal mortality and determined that 585,000 maternal deaths related to complications during pregnancy and childbirth occur every year worldwide — about 100,000 more than previously estimated. During 1995, an additional 500,000 women died from AIDS and 200,000 from cervical cancer. Ninety-nine per cent of maternal deaths and 80 per cent of new cases of cervical cancer and AIDS among women occurred in developing countries.

For every woman who dies from pregnancy-related complications, many more suffer lifelong ill health or disability. Adolescent girls are particularly vulnerable, and nations that ignore them pay a high price: the health of young girls and women ultimately affects their economic productivity and the well-being of their children.

It is now widely accepted that reducing maternal deaths requires access to essential obstetric

services to deal with emergencies that arise during childbirth. UNICEF and WHO are therefore focusing on upgrading basic services for obstetric care and assisting activities that enable women and their families and caregivers to recognize symptoms of high-risk pregnancies and know how to obtain specialized care. Recognizing the emotional support provided by traditional birth attendants, UNICEF is emphasizing their role in referring women to health services and promoting infant health.

During 1995, UNICEF continued to work closely with community-based women's groups and to promote national commissions on safe motherhood. It also maintained support for family planning, birth spacing, breastfeeding and for actions to fight violence against women and substance abuse. Case descriptions of women's and youth health projects in 20 countries were being compiled for a book.

In Bangladesh, UNICEF-supported programmes emphasized decentralization of essential obstetric services, development of clinical protocols and community mobilization. Eleven district hospitals were linked with the obstetric and gynaecology departments of 11 teaching hospitals for training and guidance in this process.

The Myanmar country programme integrated services for the treatment of sexually transmitted diseases (STDs) with maternal and child health care through user-friendly clinics. UNICEF strengthened its partnership with professional midwives in Ghana to improve the quality and coverage of maternal health services.

As a follow-up to the International Conference on Population and Development (Cairo, 1994), UNICEF supported inter-agency working groups tracking child and maternal mortality, women's empowerment, reproductive health and education.

Programme guidelines for the elimination of female genital mutilation (FGM) were prepared for a number of UNICEF country offices. Several countries strengthened their support for anti-FGM activities, through advocacy (Egypt), public education (Sudan) and a public FGM telephone hot line staffed by the Inter-African Committee against FGM (Burkina Faso). *(See also profile, 'Building a refuge from female genital mutilation'.)*

UNICEF helped organize the first symposium on Reproductive Health in Refugee Situations, convened by UNFPA and UNHCR. New editions of the *UNICEF Emergency Handbook* will include chapters on safe motherhood, prevention of HIV/AIDS and other STDs, and sexual violence.

UNICEF/94-1188/Pirozzi

UNICEF recognizes the importance of midwives in detecting early signs of high-risk pregnancies. In Chad, this midwife uses a wooden foetal stethoscope to examine a pregnant woman.

CHILDREN AND FAMILIES AFFECTED BY AIDS

HIV/AIDS CONTINUED ITS DEBILITATING sweep through all regions in 1995. UNAIDS, the Joint United Nations Programme on HIV/AIDS, estimates that 6 million people globally have developed AIDS since the start of the pandemic, and over 5 million of them have died. The number of cases is expected to triple by the year 2000. UNAIDS estimates that half of all infections have been in people aged 15 to 24, and about 1.5 million children have been infected.

Sub-Saharan Africa remained the principal victim, with almost 13 million adults estimated to be infected with HIV. But the vulnerability of Asia, with its much larger population base, was highlighted by the situation in India, where infection rates have tripled since 1992, and in China, which saw a steep and ominous rise in the number of reported STD cases. Asia's share of the global HIV case-load rose from 12 to 16 per cent between 1993 and 1994.

A joint UNICEF/WHO document published in 1995, 'Action for Children affected by AIDS: Programming profiles and lessons learned', reported that 43 per cent of households in Uganda were caring for three to five orphans. Thailand projects that by the year 2000, about 86,000 children under the age of 12 will have lost their mothers to AIDS. Worldwide, UNAIDS estimates that AIDS will have robbed almost 5 million children

UNICEF/93-0491/Andrew

In Malawi, this woman cares for her nine grandchildren, whose parents died of AIDS. By the end of the century an estimated 5 million children will have lost one or both parents to the disease.

of one or both parents by the end of this century. The disease is making heavy demands on the capacity of health services everywhere. WHO estimates that between 1992 and the year 2000, developing countries will spend more than $1 billion on health care for AIDS patients.

HIV/AIDS has raised a number of complex challenges for UNICEF and other organizations fighting the pandemic. While UNICEF and its partners continued in 1995 to strengthen preventive programmes against HIV infection and care for the victims, attention also turned to means of strengthening the capacity of families and communities to protect the rights of children affected by AIDS.

UNICEF continued to support public AIDS education, emphasizing the need for tolerance as well as changes in human behaviour. Programmes in 1995 helped identify and monitor the situation of the most vulnerable children; strengthen family coping capacity and community support; enable children affected by AIDS to remain in school; and make reproductive health services, together with care and counselling, more accessible and welcoming.

HIV/AIDS strategies were reviewed in UNICEF offices in Haiti, Malawi, Myanmar, Tanzania, Thailand, Uganda, Zambia, Zimbabwe and other seriously affected countries during the year. The reviews found the need for more emphasis on youth and greater collaboration among staff working in different fields. In response, country offices are modifying their approaches and in some cases their office structures.

Among successful strategies supported by UNICEF during the year were the work of Kenya's Undugu Society with street children from poor urban communities and efforts by Caritas Family Homes in Rwanda to create a family environment for AIDS orphans rather than place them in orphanages.

Regional consultations with UNAIDS were held in Santiago, Dakar, Nairobi, Venice and New Delhi in the second half of the year, and UNICEF and UNAIDS jointly published a booklet entitled *Children and Families Affected by AIDS: Guidelines for Action*. The booklet will be available in English and French in 1996 and is intended for programme coordinators and staff at district and community level.

ERADICATING DRACUNCULIASIS

Dracunculiasis (guinea worm disease) is well on the road to eradication, with the global case-load falling by almost half between 1994 and 1995. Drawing on health education, the provision of safe water supplies and satellite technologies to map and monitor eradication efforts, the incidence of the disease was reduced from about 170,000 cases in 10,296 villages during 1994 to 90,500 cases in fewer than 8,000 villages. Some of the sophisticated satellite mapping strategies in use for this humanitarian purpose were developed for the military.

Although dracunculiasis remained endemic in 16 African countries and in India and Yemen, most of these countries reduced their case-load by one third or more during the year, and India reported that the disease had almost been eradicated. Cameroon, the Central African Republic and Kenya also reported that the disease was on the verge of eradication. Dracunculiasis is no longer endemic in the Gambia, Guinea or Pakistan.

The global incidence of the disease has been reduced by 95 per cent over the past decade from an estimated 3.5 million cases in the mid-1980s. Some form of prevention — community surveillance, health education, distribution of water filters and provision of safe water supplies — is in place in all accessible villages where dracunculiasis is endemic. One of the main obstacles to eliminating the remaining 5 per cent of cases is the difficulty of sustaining eradication campaigns in strife-torn areas of southern Sudan, and parts of Ethiopia, Ghana, Mali, Nigeria and Uganda.

This success has resulted from an active partnership between UNICEF and WHO, Global 2000, the Carter Center, USAID, the World Bank, the US Peace Corps, the Japanese International Cooperation Agency, the Canadian International Development Agency (CIDA), the Government of Norway and a number of other governmental and non-governmental organizations.

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THE BAMAKO INITIATIVE

THE BAMAKO INITIATIVE REMAINED A benchmark for sustainable primary health care in 1995. The Initiative's guiding principles — community co-management and cost-sharing, more efficient use of resources and improved quality of care — provide countries with a flexible range of options to maintain and expand the health progress achieved in response to the World Summit goals.

The ability of some of Africa's poorest countries to make modern health care and essential drugs more accessible by sharing responsibility for services between the public and private sectors has captured the imagination of cash-strapped health ministries as far afield as Benin, Cambodia and Peru.

Since this decentralized strategy to improve health care was fashioned at a meeting in Bamako (Mali) in 1987, 41 countries have signed on to the basic strategy. During 1995, eight more countries (Azerbaijan, Ecuador, El Salvador, Georgia, Guatemala, Guyana, Honduras, Mongolia) adopted the basic principles of the Bamako Initiative. A World Bank evaluation of facilities applying Bamako principles found that in seven African countries communities' use of health facilities increased in conjunction with the growing availability of essential drugs.

Benin and Guinea, the first countries to implement the Initiative, still provide its most dramatic success stories. Before Benin implemented the Bamako Initiative in 1985, just 14 per cent of children were fully immunized against diphtheria, pertussis and tetanus (DPT3), and 16 per cent against measles. According to the latest information available, by 1994 those figures had grown to 81 per cent and 80 per cent respectively. In Guinea, national immunization coverage between 1993 and 1994 rose from 55 to 70 per cent for DPT3, and from 57 to 70 per cent for measles.

UNICEF has provided major assistance in the design and implementation of Zambia's comprehensive health policy reform. UNICEF is also providing technical assistance to transform health services in South Africa in order to make them more community-oriented, integrated and equitable.

Looking beyond Africa, a two-year study undertaken through collaboration between UNICEF and the Harvard School of Public Health found community co-management and cost-sharing to be a persuasive strategy for China's 750 million rural inhabitants. The study recommended a number of options along this line, which will be discussed when the Central Committee of the Chinese Communist Party and the State Council convene the country's first National Conference on Health Policy in 1996.

UNICEF/95-0131/Charton

Women participate in a health education class in Myanmar, one of the countries that has adopted the principles of the Bamako Initiative.

With $8.5 million in supplementary funding for 1994-1995 from the Nippon (formerly Sasakawa) Foundation, UNICEF has been able to help a number of countries revitalize community health systems by introducing the principles of the Bamako Initiative. These countries include Cambodia, Ecuador, El Salvador, Guatemala, Guyana, Honduras, the Lao People's Democratic Republic, Mongolia, Myanmar, Nepal, Peru and Viet Nam.

Additional funding from the Soros Foundation in 1995 also enabled UNICEF to extend its circulation of *The Prescriber*, which promotes better prescribing practices, to 15 countries of the former Soviet Union and Eastern Europe. The publication was introduced in 1992 in four languages (Arabic, English, French, Spanish), and with extra funding in 1995 it was also published in Albanian, Macedonian, Romanian and Russian.

UNICEF developed a comprehensive training package for front-line health workers and community-elected health committee members during the year and tested it in the Gambia and

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Uganda. The package consists of 21 modules teaching financial and drug supply management and community participation. It will be available to all UNICEF country offices and other interested groups in 1996.

With supplementary funding from the Australian and French National Committees, UNICEF assisted Benin, Burkina Faso, Guinea, Mali, Senegal, Togo and Uganda in laying the groundwork to revitalize selected district hospitals. Results from this preliminary undertaking will help to formulate a framework for policies to strengthen district hospital services.

Benin, Cameroon, the Congo, Guinea, Mali, Mauritania, Nigeria, Senegal and Zambia agreed to participate in UNICEF-supported country case-studies to document implementation of the Bamako Initiative for dissemination in 1996.

Benin, Burkina Faso, Cameroon, Comoros, Ethiopia, Guinea, Kenya, the Lao People's Democratic Republic, Mali, Nigeria, Senegal, Tanzania, Uganda, Viet Nam and Zambia were also the subjects of UNICEF-supported operations research into community participation, equitable access to basic health care; staff motivation; sustainability of health structures and systems; drug management and quality assurance; and improved health care. The studies will be finalized in 1996 after peer review.

A positive trend in collaboration is the growing consensus emerging among UNICEF partners, including the European Union, WHO and the World Bank, in support of combined funds that provide undesignated assistance to respond to district health priorities rather than earmarking aid to specific programmes. Such strategies are helping Mali, Senegal and Zambia to use resources more efficiently.

With increasing concern for efficiency and equal access to quality health care, UNICEF will need to play a more prominent role in guiding health financing policies and in helping countries to institute quality assurance as a part of district health systems management.

The means of ensuring equitable access to health care remains controversial, and UNICEF could provide stronger technical support for alternative forms of health care financing, such as community insurance. The Bamako Initiative also has yet to meet the challenge of improved health systems governance and public accountability, and of the need to give women a greater role in decision-making.

UNICEF/95-0266/Davies

UNICEF's closer collaboration with vaccine manufacturers has resulted in new and better vaccines at more affordable prices.

IMMUNIZATION

GLOBAL INFANT IMMUNIZATION LEVELS FOR measles, diphtheria/pertussis/tetanus (DPT3 vaccine), polio and tuberculosis (BCG vaccine) were at 80 per cent or higher when 1995 began, and they advanced on most fronts as the year progressed. Relatively low immunization rates persisted in half the countries of West and Central Africa, despite some improvement, and in countries undergoing or recovering from conflict in Eastern and Southern Africa. Cambodia and the Lao People's Democratic Republic also had lower immunization rates than their neighbours in South-East Asia, but both countries improved substantially over the previous year.

Average rates for DPT3 ranged from 89 per cent coverage for children under one year in Asia to 87 per cent for the Middle East and North Africa, 82 per cent in the Americas, 71 per cent in Central and Eastern Europe and the newly independent States, and 58 per cent for Africa as a whole. In West and Central Africa, fewer than half the babies received the recommended dosage before their first birthday.

In several countries, including Cambodia and Ethiopia, improved security and the rehabilitation of health infrastructure after years of conflict were expected to increase immunization rates quickly in previously inaccessible areas.

Haiti was the high-water mark for measles control in the Americas and Caribbean region and an inspiration to other countries emerging from years of turmoil. In 1993, with the country undergoing civil unrest, only 20 per cent of Haitian children were immunized against measles. A lethal epidemic was raging. But a six-month vaccination campaign launched shortly

after the return of President Jean-Bertrand Aristide in October 1994 succeeded in reaching almost 3 million children between 9 months and 14 years of age — 95 per cent of the target population. There were indications by the end of 1995 that child death rates were falling. Chile, Cuba and the English-speaking Caribbean countries also reported successful campaigns against measles.

Elsewhere, significant inroads were made on neonatal tetanus by concentrating immunization efforts on communities with low vaccination levels and high case-loads. Benin, Egypt and Tanzania were among the countries using this approach.

The countries of Central Asia, Eastern Europe and the newly independent States remained poorly equipped to contain an ongoing diphtheria epidemic, and the International Committee of the Red Cross (ICRC), UNICEF and WHO launched a global campaign for vaccines (*see also 'CEE/CIS and the Baltic States'*).

More than 35 countries held national immunization days and other special activities aimed at polio eradication in 1995, and the countries of East Asia and the Pacific were poised to join the Americas as polio-free (*see also 'East Asia and the Pacific'*). A major eradication effort was also made in the Middle East and Central Asia during the year and will be repeated in 1996.

UNICEF continued its close collaboration with Rotary International and the US Centers for Disease Control and Prevention (CDC) in raising funds and procuring vaccines for the global eradication effort. Vaccination and monitoring continued in the polio-free zones to maintain their status.

UNICEF and WHO produced a package of promotional materials in 1995 to help stop the transmission of hepatitis B and HIV/AIDS through the use of unsterilized syringes. The materials were distributed through field offices in all regions. UNICEF and WHO also issued a joint policy statement recommending the use of single-shot disposable syringes or steam sterilizers where disposable syringes were not available.

◆ **CHILDREN'S VACCINE INITIATIVE:** UNICEF's work with vaccine producers over the past three years resulted in 1995 in closer partnerships with manufacturers to improve access to new and better vaccines and to obtain price reductions. Negotiations with manufacturers also opened up the possibility of more affordable prices for new vaccines, including hepatitis B and combination vaccines such as DPT/hepatitis B.

UNICEF continued to support field trials for a *Haemophilus influenzae* type B (HIB) vaccine in the Gambia. The trials are in their final phase, and results will be available in mid-1996. HIB is the most important cause of bacterial meningitis among infants and young children worldwide. In developing countries, it also causes about 7 per cent of severe episodes of pneumonia among infants and young children.

The Gambia was chosen for the trials because it has an excellent immunization programme with the capacity to deliver new vaccines effectively, as well as the technical expertise and government support needed for a successful trial.

◆ **VACCINE INDEPENDENCE INITIATIVE:** Twelve countries — up from four in 1994 — purchased vaccines during the year through the Initiative, which established a revolving fund to bridge the time between payments. Bangladesh, Burundi, Fiji, Ghana, Kazakstan, Morocco, the Philippines, Solomon Islands, Tanzania, Turkmenistan, Uzbekistan and Vanuatu were able to make purchases at favourable bulk rates using hard or local currency.

Donors, including the Governments of Australia, Japan, the Netherlands, New Zealand, Norway, the United Kingdom and the United States, have contributed $7.5 million to the fund.

A baby is immunized in the Afghan capital, Kabul. Immunization advanced in most regions of the world during 1995.

UNICEF/5528/Haas

ACUTE RESPIRATORY INFECTIONS

ACUTE RESPIRATORY INFECTIONS (ARI) ARE among the most common childhood illnesses throughout the world. They continue to be the major cause of death among children under five in developing countries, where in 1995 more than 3 million children died of pneumonia and a further 1.1 million from ARI compounded by other ailments: ARI/measles, 640,000; ARI/pertussis (whooping cough), 260,000; ARI/malaria, 190,000; and ARI/HIV, 20,000. With as many as eight episodes per child annually, ARI is also a leading cause of sickness and serious disabilities such as deafness.

Major factors contributing to the stubborn persistence of ARI are limited access to appropriate health care and drugs and the failure of parents to recognize the symptoms and seek treatment in time. Other causes include increasing environmental and indoor pollution, declining immunization against measles and pertussis in some countries, and the prevalence of malnutrition, which weakens a child's resistance to infection.

The great majority of ARI-related deaths during 1995 could have been avoided if parents had recognized the symptoms of respiratory infections and if low-cost antibiotics had been available. For an infant suffering from pneumonia, a five-day course of antibiotics costs only 18 cents. However, relatively few of the countries where children are at greatest risk of infection have given sufficient priority to ARI. Although 65 countries had active national programmes to combat ARI in 1995, compared with just 15 in 1990, fewer than a quarter of them provided protection on a nationwide scale.

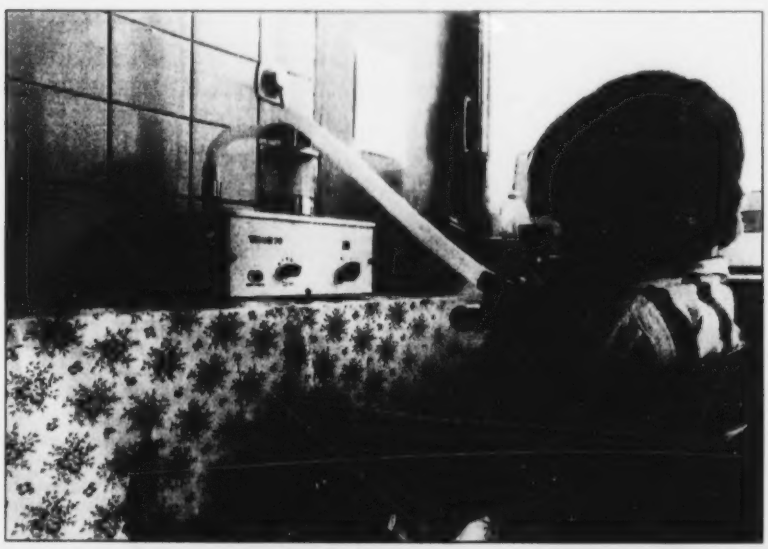
Ensuring timely treatment hinges on greater investments in public communication to alert parents and health care workers to the seriousness of respiratory ailments — which are sometimes masked by overlapping illnesses such as malaria or measles — and the appropriate response to a child's symptoms. UNICEF is supporting mass media campaigns in Egypt, Iran, Mexico, Pakistan, the Philippines and a number of other countries to deliver those messages and ensure that parents know precisely where to take their children for treatment. During the year, UNICEF supported training in ARI case management for health care workers and efforts to make drugs more accessible in a number of countries, including Bangladesh, India and Pakistan.

Another key to identification and treatment of ARI is knowledge of the social context in which communities deal with illness. UNICEF-supported ethnographic studies have found that families often have their own ideas about how to treat illnesses. An understanding of community perceptions is essential to the preparation of effective information and education strategies that can be adapted to a local context. Many countries have already done this, and during the year a number of countries, including China, Ghana, Guatemala, Iran, Mongolia, Morocco and Viet Nam, took steps to expand the number of NGO and other partners involved in ARI activities. NGOs have played a very important role in this area in sub-Saharan Africa in particular.

Five major health problems (pneumonia, diarrhoea, malaria, measles and malnutrition) account for 70 per cent of child deaths and three quarters of health care visits in the developing world. Due to considerable overlap in the symptoms for several of these illnesses, however, there is always risk that a life-threatening situation will be misdiagnosed or overlooked. In Africa, it is not uncommon for children to suffer from pneumonia and malaria at the same time, but to receive treatment only for the malaria.

UNICEF and WHO have responded to this challenge by developing a training package to teach health care workers to look beyond a patient's most apparent problem. Work on an integrated approach to child health care started in 1993, and the training package for the resulting 'sick child initiative' was pretested in Gondar (Ethiopia) in 1995 and

Childhood deaths from respiratory infections can be greatly reduced if parents know how to recognize the symptoms and when to seek treatment. At a UNICEF-assisted clinic in the Czech Republic, a child with breathing problems uses a respirator.



UNICEF/5637/Sprague

EL QA'AA, SUDAN

The salt 'miners' of western Sudan

The shimmering sandy desert surrounding the village of El Qa'aa, in the Sudan, is pock-marked with wells, all of them hand-dug. At one of them, a boy of 10, his hands salt-encrusted and bleeding, pours corrosive brine from a sheepskin bucket into an earthen jar and passes it to Zeinab, a young girl who balances the heavy load on her head. She carries it to a small hut 200 metres away, where Um Bashayir, a woman who looks 60 but says she is 40, gently fans a smoky fire beneath four huge iron pans. Her eyes are infected and her voice rasps from breathing the smoke 16 hours a day.

The boy, the girl and the woman are cogs in a laborious salt-making process that is centuries old. From November until the end of June, they make salt for prosperous landowners, one of whom is Um Bashayir's younger brother.

One thousand women and 2,000 children eke out a living this way during western Sudan's eight-month dry season. Many girls, including Zeinab, migrate to El Qa'aa each year from farms in distant Darfur to earn a little extra money for their families. The village salt production averages 1.4 tons a month, most of which is sold as salt-lick for livestock.

Um Bashayir's brother has risen in the world. He has a shop, a truck and a sister who keeps his salt 'factory' going. He trucks in firewood because most of the trees around El Qa'aa have been cut for fuel, and he brings in drinking water for sale as well. Change is the last thing that he and the other village landowners want, but change is coming nevertheless. Its purpose is to benefit the 700 families who produce salt here.

In April 1995, the governor of North Kordofan visited El Qa'aa to inaugurate a joint UNICEF/UNDP project, the Child-friendly Village Initiative, that has the capacity to transform the village and the lives of many of its women and children. The project, active in about 150 villages with more on the way, aims to help communities acquire the skills to solve their specific problems.

In El Qa'aa, the centrepiece of the project will be solar-powered salt distillation. Shallow basins will be dug in the sand and lined with black plastic sheeting. Um Bashayir and other village women will ensure that they are filled with brine, and the sun will do the rest. When the water evaporates, the remaining salt crust will be harvested and the basins refilled. Small producers will be spared the cost of fuelwood, and the women and children will be spared the debilitating effects of smoke-induced respiratory infections.

When the solar-power project was first proposed in 1993, the landowners were resistant. They were making money the way things were and could see no benefit in a new system that might upset the balance of power in their community. But with the governor behind the project, change was inevitable.

"Now what we have to guard against is that the project does not end up making the rich richer and the poor poorer," says Raqiya Abdalla, a UNDP staff member. "Women must become aware of their rights, and men must be taught to respect those rights."

UNICEF is doing what it can to ensure that children, girls in particular, who no longer have jobs fuelling the salt-pans, will have an opportunity to go to school. UNICEF is establishing literacy classes as well as vocational training to encourage income-earning activities that include sewing, soap-making and pottery for the girls.

The project has established a revolving fund to enable the women of El Qa'aa to build their own solar salt basins and make repayments from the sale of salt. Production is expected to at least double with the new technology. Thus women should also gain the opportunity to own property for the first time and make decisions based on their new spending power, thus raising their status in the community.

The project, expected to last two and a half years, will directly involve about 30 per cent of the village population. It is hoped that the remaining villagers will follow suit through their own investment once the results begin to show. Success will mean a big difference in the lives of the human cogs in the machine that powers El Qa'aa.

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then field tested in Arusha (Tanzania). The package was found to be useful, reliable and feasible, and a training course in the integrated management of childhood illness followed in Addis Ababa in mid-November. The aim is to establish a pool of experts and consultants who can implement the initiative on a wider scale.

More effective case management of ARI will also require improved health care infrastructure, better child nutrition and at least 90 per cent immunization coverage against the main childhood diseases *(see also 'Immunization')*.

CONTROL OF DIARRHOEAL DISEASES

ORAL REHYDRATION THERAPY (ORT) SAVED about 1.5 million children during 1995, but this low-cost answer to diarrhoeal dehydration, one of the developing world's leading child killers, had the potential to save almost three times as many lives. ORT — a prepackaged combination of salts and glucose mixed with water, called oral rehydration salts (ORS), or suitable homemade fluids, along with continued feeding — could also have saved billions of dollars in hospitalization and other medical costs, including more than $1 billion in the United States alone.

ORT was virtually unused as recently as 1980, but in 1995 it was used in 60 per cent of diarrhoeal episodes worldwide, up from 44 per cent in 1994. The UNICEF mid-decade goal for ORT use in 80 per cent of diarrhoea cases was achieved by about 25 developing countries by the end of 1995.

Among the most successful countries, measured by the percentage of children under five with diarrhoea who were treated with ORS or recommended home fluids within a two-week period, were Bangladesh (91 per cent), Nigeria (86 per cent) and China (84 per cent). Mexico, with a nationwide door-to-door campaign for ORT, cut its diarrhoeal death rate by half between 1990 and 1993, and reported ORT use in 85 per cent of diarrhoea episodes in 1995.

Thirty countries held national health/oral rehydration therapy weeks, and 36 countries took part in international ORT symposia in Brazil, Burkina Faso and Cameroon.

Yet advocates of ORT continue to have difficulty persuading medical establishments in several developing and industrialized countries to embrace something so simple, effective and inexpensive. A sachet of ORS mixed in a litre of potable water costs about 10 cents, and a home solution made with coconut water or water from the cooking pot costs almost nothing.

Diarrhoea is a significant problem even in the industrialized world. It afflicts 16.5 million children in the US each year and is responsible for 11 per cent of hospitalizations among children under five. A study found that the average cost of intravenous rehydration of a baby in a US hospital was $2,300, compared with the average cost of ORT at $273, but the more expensive practice prevails.

Pharmaceutical companies also profit from the sale of antibiotics, necessary in only 10 per cent of cases, and antidiarrhoeal products, ineffective and often counter-productive.

Twenty-seven years after the discovery of oral rehydration therapy in Bangladesh, global ORS production is about 800 million packets a year. However, a variety of alliances are helping to push the product into the medical mainstream. UNICEF has become one of the largest distributors and promoters of ORS, particularly in Africa.

A number of pharmaceutical manufacturers collaborated with UNICEF in 1995 by marketing ORS through their distributors. In the Sudan, a local pharmaceutical manufacturer, Humavet,

Making her rounds in a mobile health truck, a health worker vaccinates women against tetanus in a Nigerian village.

UNICEF/92-2087/Pirozzi

expanded the availability of ORS by introducing it to shops. In Pakistan, Searle Pakistan Limited continued an ORS campaign undertaken several years ago to build support among physicians. The company reported that 6 million prescriptions for ORS were filled in 1995, half of them for its Peditral brand, and Searle plans to double ORS production in 1996.

In Bolivia, two companies, Inti and Alpha, plan to launch ORS brands in 1996. In Bangladesh, UNICEF clinical studies were distributed to physicians and pharmacists through private sector ORS manufacturers.

ORT had many other active allies during 1995, including chapters of Junior Chamber International (JCI), the Girl Guide and Scouting movements, religious and civic groups and the private sector.

The therapy has been the focus of a major campaign of the 25-million-member worldwide Scouting movement since 1993, and Scouts and Girl Guides are actively promoting ORT in more than 20 countries. With UNICEF support and guidance, ORT was highlighted in 1995 at the World Scout Jamboree in Amsterdam and at regional Scouting conferences in Colombia, Singapore, Tunisia and Uganda. The Scouts' ORT manual and kit is now available in Arabic, Bangla, English, French and Spanish.

In Nigeria, despite a high incidence of diarrhoea, the diarrhoeal death rate has not increased, thanks to ORT. Nigeria manufactures its own ORS and packages it with instructions in English, pidgin English, Hausa, Ibo and Yoruba. Between 1985 and 1995, ORT reduced the diarrhoeal death rate from more than 60 per cent of severe cases to 10 per cent.

ORT is promoted in Nigeria by groups ranging from the Girl Guides and Scouts to the Junior Chamber International, whose affiliates have established ORT kiosks nationwide where trained women provide both treatment and demonstrations.

In Ethiopia, where almost half of all childhood deaths are caused by diarrhoeal diseases, the orthodox Christian, Protestant and Muslim religions have joined forces to promote ORT. Their efforts are being supported by professional associations of health assistants, nurses, physicians, public health officers, pharmacists and more than 100 national and international NGOs.

A lack of timely and reliable national ORT data continued to hamper monitoring of diarrhoeal disease control in 1995, although many countries have taken action to redress this situation. Thirty countries initiated surveys during the year, and more than 50 others planned to follow suit in 1996.

Experience over the past decade has shown that successful control of diarrhoeal diseases requires high-level political leadership, the commitment of health providers, active monitoring and programme supervision, and the continuity of information campaigns, as experience in Egypt has shown *(see box)*.

Although ORT succeeds in preventing death from dehydration, it falls short of some parents' expectations because it does not actually stop diarrhoea. While advertisements for antidiarrhoeals offer a quick fix, promotional strategies for ORT are more complex because they must instead emphasize its life-saving properties.

The recognition of ORT as the true miracle it is has also been inhibited by the fact that diarrhoea primarily threatens poor children. If diarrhoea presented the same danger to the wealthy as does measles, ORT might have earned more respect more quickly.

TURNING THE ORT TIDE

Until the mid-1980s, diarrhoeal diseases accounted for more than half of all infant and child deaths in Egypt. But between 1982 and 1991, a massive national public awareness campaign backed by USAID funding and plentiful supplies of ORS enabled the Health Ministry to reduce infant and child diarrhoea mortality by 44 and 55 per cent respectively. By 1991, almost every Egyptian mother of children under five knew about ORT, and rehydration fluids were used in 67 per cent of acute cases of diarrhoea.

However, between 1991 and 1993, international support was phased out, programme funds almost dried up and political support faded. With the cessation of international funding, a highly successful media campaign ended and private sector doctors and pharmacists stopped prescribing ORS.

Health facilities dropped their education programmes and fewer mothers knew how to prepare and administer rehydrants — and ORT use plummeted to less than 34 per cent in 1992.

Now the tide has turned again. The current five-year plan of action (1993-1997), supported by UNICEF, WHO and USAID, has now breathed new life into Egypt's National Control of Diarrhoeal Diseases Programme. A 1995 survey showed that ORT use was again approaching the 80 per cent mid-decade goal.

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NUTRITION

UNICEF/95-0162/Ayisi

Good nutrition requires diets rich in micronutrients found in vegetables, such as these grown in Mozambique.

IN 1995, UNICEF CONTINUED TO FIGHT THE popular misconception that malnutrition is caused only by a lack of food. Good nutrition also requires access to the right foods and to health and sanitation services, and it requires families to have the capacity to meet the special needs of young children. The equation is complex and cannot be solved in a sustainable way unless the people most at risk participate in the process. The UNICEF approach in many countries is to involve communities and households in assessing and analysing their situation, thereby leading to action to correct it.

During the year, the UNICEF Regional Office for South Asia (ROSA) evaluated 21 community-based projects and identified 8 project areas in Bangladesh, India, Pakistan and Sri Lanka where a marked improvement in child nutrition had resulted from the empowerment of families when children were at risk of malnutrition. UNICEF also cooperated with the Government of Bangladesh and the World Bank to design a programme to improve nutrition with the participation of communities and the Bangladesh Rural Advancement Committee (BRAC).

UNICEF provided follow-up support to a global initiative launched in late 1994 to combat malnutrition by encouraging more practical

training for nutrition workers. Support was also given to an exercise led by Mahidol University (Thailand) to analyse needs for training and operational research in eight East Asian countries. UNICEF will continue to support networking among relevant training and research institutions in the region and sharing of programme-based training and research experiences from other regions.

MICRONUTRIENTS

AT A MEETING IN SALT LAKE CITY (US) IN November, representatives of the public, private industry and academia, including plant breeders, soil scientists and nutritionists from 29 countries, met to explore ways to increase the micronutrient content of foods commonly eaten in countries with high levels of malnutrition. Participants agreed that over the past 25 years micronutrients had been neglected during the 'green revolution' push to breed high-yielding varieties of cereals. They called for measures to increase the supply of micronutrient-rich foods and to develop effective means of promoting them among consumers. The meeting was sponsored jointly by UNICEF, the US-based Thrasher Research Fund and Cornell University.

In December, UNICEF provided support for a number of participants to attend the Ottawa Forum, which sought to strengthen collaboration between the private and public sectors to fortify staple foods in developing countries. The 120 participants, divided almost-evenly between the food industry and the public sector, discussed the potential for fortifying cereals (iron), oil and sugar (vitamin A) and salt (iodine).

◆ **IODINE:** The need for universal salt iodization to prevent iodine deficiency disorders (IDD) has been widely accepted in all regions, and that goal had been met in virtually all of Latin America and in many countries in other regions by the end of 1995. Government decrees and/or legislation were introduced during the year to give teeth to salt monitoring and quality control efforts in a number of countries, including those (noted in italics) that had been importing a substantial portion of their edible salt but had not previously required distributors to iodize it: *Botswana*, Brazil, *Burkina Faso*, *Central African Republic*, *Chad*, *Guinea*, *Guinea-Bissau*, the Lao People's Democratic Republic, *Malawi*, *Mali*, *Niger*, *Oman*, *Papua New Guinea*, the Philippines, Romania, South Africa, Tanzania, Tunisia, *Uganda*, Yemen and *Zaire*.

Many country programmes continued to monitor the availability of iodized salt, using a simple test kit during household surveys undertaken to assess progress towards the year 2000 goals.

A variety of initiatives are under way in many countries of every region. A few highlights from 1995 include Algeria, where a study commissioned by UNICEF estimated that virtually all food-grade salt is now iodized; the Philippines, where Kiwanis International provided 24 salt iodization machines with a combined capacity to meet 40 per cent of the country's iodized salt requirement; Eritrea, where two factories received salt iodization equipment capable of producing at least 70 per cent of the national salt supply; Ethiopia, whose first inland salt iodization plant was inaugurated on IDD Day (30 October); and Ghana, where salt iodization equipment was installed in areas where producers have the capacity to completely supply the domestic market with iodized salt and meet needs in neighbouring countries as well.

During the year, two countries with a high prevalence of iodine deficiency (Indonesia, Pakistan) took steps to iodize at least half of all salt reaching consumers. In Pakistan, UNICEF supported the establishment of an iodized salt support facility that provided training, supplies and quality control measures to fortify the output of 800 small-scale salt producers.

The Canadian Government continued to be the major supporter of UNICEF efforts to eliminate IDD, making contributions of about $16 million for salt iodization in 1994-1995.

◆ **VITAMIN A:** WHO-UNICEF estimates compiled in 1995 indicate that more than 250 million children suffer from vitamin A deficiency

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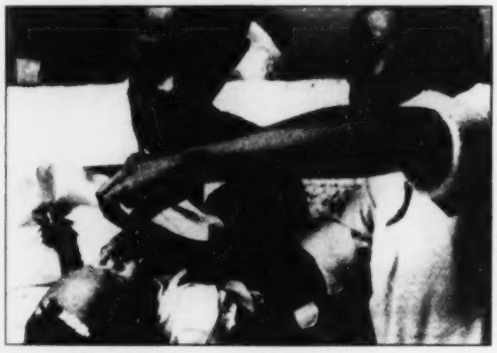

UNICEF/94-0756/Tsutsumi

As part of a campaign to fight vitamin A deficiency worldwide, a baby girl in Haiti receives a drop of the vitamin orally.

MAYAHI, NIGER

Passive no more, Niger's women fight malnutrition

Ask how things are going in most villages the world over and the answer will probably come from a man. But in nearly 100 villages in Mayahi, southern Niger, women tick off current crop prices, upgrades in time-saving farming technology and, most important, the state of their children's health.

Mayahi's women were not always so informed and outspoken. But since 1992, when the Nutrition, Family Food Security and Environment programme was introduced, women have become major players in their communities. Over 620,000 women in Niger have been reached by the programme, which will expand to cover almost a quarter of the nation's population by the year 2000.

Launched by the Government in partnership with UNICEF, the programme aims to improve child nutrition in Niger, where more than a third of children under five years old are underweight, according to a 1992 study. Almost one half of Mayahi's under-fives suffered from malnutrition when the programme began.

Before joining the programme, Mayahi's community groups, mostly men, began meeting to discuss the need for change. It was not long before they realized that women had a key role to play. Not only were women the household managers and primary caretakers of children, but their labour accounted for a third to a half of farm output in the region. No change could take place without them. But first, something had to be done to reduce women's workload — 14 to 17 hours a day — to give them more time to care for their children.

Three years later, Mayahi's women are no longer subservient, and they are less overworked. Today, they manage community projects that benefit children and they earn money for the community. They make up half of the members of village committees overseeing community development projects.

In many villages, women's committees manage motorized mills that grind sorghum and millet into flour, saving hours of time that used to be spent grinding cereals by hand. In several villages, women use project-donated mule carts to distribute water to families from wells as far as 5 kilometres away. Throughout the district, women run 49 cereal banks that store cereal grains like sorghum and millet. A supply of these grains is set aside just after the harvest and sold to the community year round at affordable prices.

This dramatic change in women's roles would have been a big step for most communities, but in Mayahi, where 98 per cent of the women were illiterate, it amounted to a giant leap. Women were first trained by government workers in such areas as planning and management, gender issues, basic health, sanitation and protection of the environment. Women also learned how to plant nutritious crops such as vegetables rich in vitamin A and peanuts rich in protein. Sixty-two literacy centres were set up in the district.

Now, nearly all mothers in the programme know how to measure the weight and height of their young children and track their progress on a chart — and they understand what to do when the chart shows flagging growth.

UNICEF provides start-up costs and materials for several of these projects. Profits from money-making ventures are ploughed back into a community development fund, which repays UNICEF and finances further projects.

Life in Mayahi is a lot better these days. Between 1992 and 1995, child malnutrition fell 18 per cent, and infant deaths went down from 160 to 123 per 1,000 live births. At the same time, women extended exclusive breastfeeding from four months to five on average. Meanwhile, women's workload fell by an average of 2 hours a day, while their agricultural output increased substantially. Production of beans, for example, increased from 31 to 54 kilograms per woman between 1992 and 1995.

Through results like these, the programme is fast pushing Niger towards its year 2000 goal of reducing child malnutrition by half.

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and that many millions more are at risk. UNICEF-supported surveys identified for the first time widespread vitamin A deficiency in Botswana, Egypt, Kenya and South Africa.

With the support of the Canadian Government and the micronutrient initiative in Canada, UNICEF assisted projects in 14 countries to improve the distribution of vitamin A supplements and monitoring of the impact of supplementation on child health. Support was also given to efforts aimed at diversifying household diets and encouraging families to eat appropriate fruits and vegetables. UNICEF-supported research indicated a need to give further attention to the types of vegetables grown in home gardens and the impact of various cooking practices on the vitamin A status of children.

In Bangladesh, UNICEF collaborated with Helen Keller International to assess how a large home gardening project affected the vitamin A intake of mothers and young children. Building on successful experience in Guatemala, both Bolivia and Brazil introduced pilot projects to fortify sugar with vitamin A, and several other countries are also considering this possibility. Namibia and South Africa are exploring the feasiblity of fortifying maize meal with vitamin A.

◆ **IRON:** During the year, UNICEF and WHO developed and adopted a statement on strategies for reducing iron deficiency. The statement calls for iron supplementation for pregnant women or young children in any population where the prevalence of anaemia exceeds 30 per cent.

HOUSEHOLD FOOD SECURITY

UNICEF CONTINUED ITS SUPPORT FOR women as principal custodians of household food security. Small credit programmes were expanded in several countries of East and West Africa and the Middle East during the year, and UNICEF supported activities to reduce the workload of rural women in Ethiopia and Niger. Home gardens to improve consumption of diets rich in micronutrients were supported in a dozen countries, from Bolivia to Cambodia. Guidelines for conceptualizing and evaluating household food security programmes were developed in 1995 and will be distributed in 1996.

UNICEF/9221/Tautsoyi

A Lebanese woman breastfeeds her baby. Thanks to a decades-old campaign worldwide, more and more women are breastfeeding their infants at least for the first six months of life.

INFANT FEEDING AND CARE

THE BABY-FRIENDLY HOSPITAL INITIATIVE remained the cornerstone of UNICEF efforts with WHO and the NGO community to support breastfeeding. After a slow start, 22 countries of the CEE/CIS and Baltic States region have joined the initiative, and by the end of the year, 4,000 hospitals worldwide had been declared 'baby-friendly' — about 1,000 more than in 1994.

The number of countries implementing the International Code of Marketing of Breastmilk Substitutes, or provisions of it, increased by 10 in 1995, and an additional 4 took action to end the distribution of free and low-cost supplies of breastmilk substitutes within the health care system. UNICEF continued to assist governments in implementing the Code.

UNICEF promotes exclusive breastfeeding for the first six months of life and continued breastfeeding with appropriate complementary feeding for two years and beyond.

In 1995, UNICEF and WHO commissioned a review of complementary feeding. When finalized in 1996, it will make recommendations on the frequency of infant and young child feeding, the composition of complementary foods, micronutrient needs and food hygiene and safety. These are all aspects of child feeding and care that can be managed at home, if mothers are empowered with knowledge of sound nutritional practices.

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AFE ENVIRONMENT

The availability of safe water varies widely between rural and urban areas. In the Shaanxi province of China, men carry pails of water along a forest path.

FEW COUNTRIES OF THE WORLD FULFIL their pledge, enshrined in the Convention on the Rights of the Child, to provide a healthy environment for children. Health problems in both urban and rural areas — diarrhoeal diseases, respiratory illnesses, malaria — are daily reminders of how vulnerable children are to their environment. With an eye to reducing this vulnerability, UNICEF assistance is increasingly being geared towards the improvement of children's complete environment, rather than just the provision of safe water and sanitation.

Action towards this more holistic goal emphasizes enhancement of the links between related activities and attention to local habitats and ecosystems. This approach also addresses more effectively the fundamental issue of equity.

To aid these efforts, the UNICEF sections dealing with the environment and with water and environmental sanitation were merged into a water, environment and sanitation group in 1995. The merger will facilitate efforts to improve environmental sustainability, ensure household water security and improve hygiene and sanitation. UNICEF is complementing its traditional technological solutions, such as providing water pumps, with activities that enable communities to manage their whole environment.

SUSTAINABLE DEVELOPMENT

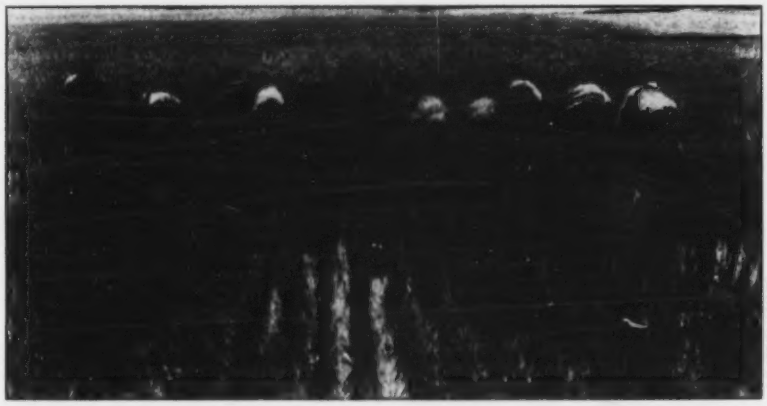
THE PRIMARY ENVIRONMENTAL CARE (PEC) strategy, stressing community empowerment and interconnected programmes, has been incorporated in an increasing number of UNICEF-supported activities since its introduction following the UN Conference on Environment and Development (Rio de Janeiro, 1992). The Sahel initiative, supported by the Swedish Government, aims to bring PEC into nine African countries.

Under this initiative, Chad and Mauritania supported projects that mobilized urban residents to improve drainage, collect garbage and protect water sources. The Gambia and Niger have identified 17 rural schools for pilot projects on environmental education. Cape Verde linked PEC with social mobilization activities in two rural communities where poor organization had hindered efforts to reduce child malnutrition.

Many country programmes emphasized the sustainable use of natural resources during the year, using WATSAN as an entry point. In Myanmar, a project initiated in 1991 had helped rural households to build more than 11,000 smoke-free mud stoves by the end of 1995, greatly lessening women's workload while promoting environmentally sustainable energy options. Solar pumps, battery chargers, and photovoltaic and mini-hydro-power systems were also set up in communities and health centres in Myanmar.

In Madagascar, UNICEF supported a women's initiative to convert household waste to garden compost in a poor community in Antananarivo. A study on fresh water supported by UNICEF, the International Academy of the Environment and the World Wide Fund for Nature (WWF) was under way in India. Its aim was to identify policies for supporting sustainable water use at the community level in seven different ecoregions. New country programmes incorporating PEC were developed in 1995 for Burkina Faso, Lesotho, Madagascar and Oman, among others.

UNICEF provided financial and advisory support in 1995 to an international NGO, Peace Child International, to develop a 'sustainability indicator pack' for world youth. The pack, a series of cards with questions about the environment, encourages young people to take action in support of environmental sustainability and especially to implement Agenda 21, the blueprint for action from the Earth Summit in 1992. Students from seven countries prepared a first draft of the pack for field-testing. In a similar effort, the UNICEF office for Argentina, Chile and Uruguay produced a publication entitled *El Libro Verde de los Niños* (Green Book for Children) about caring for the environment.



UNICEF/93-1892/Zaman

The sustainable use of water to meet the competing needs of agriculture and urban life is a growing problem worldwide.

WATER, SANITATION AND HYGIENE

COMMUNITY-BASED MANAGEMENT AND improved partnerships were stressed in WATSAN projects in 1995. UNICEF supported projects in more than 90 countries.

The mid-decade goal for safe water supply called for reducing by 25 per cent the difference between 1990 levels of access and universal access. Data from early 1995 indicate the goal was surpassed, with a 36 per cent global reduction in the difference between 1990 levels and universal access.

During the first half of the decade, 781 million people gained access to safe water, bringing to nearly 3.26 billion the number of people worldwide who have easy access to safe drinking water. Access expanded during the first half of the 1990s at the rate of 15 per cent a year.

However, global averages mask regional as well as urban/rural disparities. The improvement occurred overwhelmingly in Asia and the Pacific, where almost 89 per cent of the growth in access to safe water took place. Both Africa and Latin America showed modest increases in access to safe water in rural areas but modest declines in urban areas. In Asia and the Pacific, access to safe

DONG NGAC, VIET NAM

Clean water, long life!

Tap! Tap! Tap! The fifth grade teacher at the primary school in Dong Ngac commune rapped her table slowly but distinctly with a large wooden ruler. With each rap, 11-year-old Pham Thanh Huyen, a 'Red Star' monitor with Viet Nam's Young Pioneers movement, went from classmate to classmate, carefully inspecting fingernails and checking overall appearance — faces, hair and clothing.

The personal hygiene check is a daily ritual at more than 1,900 primary schools in 53 provinces where a UNICEF-supported programme has provided tubewells, handpumps, latrines and training in hygiene education and maintenance for 4,000 teachers.

The school hygiene programme aims to bring better sanitation and hygiene practices to families nationwide. UNICEF developed the curriculum with the Ministry of Education and Training and the Ministry of Health. The Ministry of Agriculture and local governments oversee the installation of water supply and sanitation (WATSAN) services. Communities provide most of the resources. In most cases, community members make monetary contributions, but in poorer communities people often donate their labour or agricultural produce that can be sold to provide funds.

UNICEF and government staff monitor the schools, and local health workers visit regularly to provide deworming pills and check students for trachoma and other infections.

For the construction of the school latrine, UNICEF typically provides $300 and the government $200. The community and parents provide the balance, which can total as much as $1,000. The UNICEF share for safe water supply systems ranges from $100 in low delta areas to more than $500 in northern and central highland provinces that require gravity-fed systems. Funding for the programme (1991-1995) totalled $795,800.

The WATSAN needs of more than 1.6 million children have been covered by the programme since 1991, and UNICEF hopes to reach half of Viet Nam's 13,000 primary schools by the year 2000.

"When we first introduced the hygiene curriculum in 1991, it was difficult for teachers to demonstrate and for students to understand," said Do Kien Quyet, deputy headmaster at the Dong Ngac primary school. "But when the facilities were built, everyone learned and understood, and now everyone contributes to the costs of maintenance."

In Dong Ngac, the prospects for sustainability are strong. A locally supported parents' fund and a school construction fund meet maintenance expenses, the cost of hand soap and the salary of a custodian to wash the latrines twice a day.

An evaluation of programme health benefits in Dong Ngac and other communities is planned. The evidence suggests the project is having a beneficial impact. Of the 34 students in Pham Thanh Huyen's class, 16 said their parents had built or improved their latrine since the school hygiene programme started, and a total of 21 said they had a sanitary latrine at home. Reports from youth and women's groups delegated by the Government to act as WATSAN mobilizers confirm that their standing in the community has been strengthened.

The UNICEF programme was introduced against a background of acute poverty nationwide and correspondingly poor services. Estimates made at the end of 1995 suggested that only 42 per cent of the rural population had access to safe water. Just 23 per cent of the total population had sanitary means of excreta disposal.

Not surprisingly, the Ministry of Health estimates that almost every young Vietnamese child suffers from parasitic infections and that a quarter of all infant deaths result from diarrhoeal diseases. The average child has two to three diarrhoeal episodes per year, and more than 42 per cent of children under five years of age are malnourished.

Teachers like Mr. Quyet are fond of quoting a popular Vietnamese saying: "Clean house, cool air; clean bowl, tasty rice." To which might soon be added: "Clean water, clean stomach, long life."

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water increased by 25 per cent in rural areas but by only 1 per cent in urban areas.

The news on sanitation was more discouraging. The figures show that access to safe sanitation declined globally by 2 per cent, partly due to a tightened definition of what constitutes adequate sanitation. Urban areas experienced a 10 per cent decline in Africa and Latin America and the Caribbean, while in urban areas of Asia and the Pacific sanitation access fell 1 per cent. This deterioration raises a warning flag about the increasingly precarious nature of life in urban slums. Policy and behavioural change and a massive mobilization of resources will be necessary if the year 2000 goal of universal access is to be achieved.

In its efforts to accelerate sanitation coverage during 1995, UNICEF finalized a review of all sanitation programmes in cooperation with USAID's Environmental Health Program; completed hygiene case studies in Bangladesh, Burkina Faso, Honduras, Turkey, Viet Nam and Zambia; published the first issues of *RESAN*, a regional sanitation newsletter, in Bangladesh; and conducted a sanitation workshop in eastern and southern Africa to reinforce for decision makers the importance of sanitation to development. A policy and programme handbook for designing and implementing sanitation programmes, produced in collaboration with WHO, USAID and others, will be field-tested in 1996.

Special efforts ranging from school curricula development to hygiene promotion at health clinics were made in 1995 to promote sanitation and behavioural change in 21 countries in all regions. The private sector began playing a larger role in Bangladesh, India, the Lao People's Democratic Republic and Viet Nam through the creation of 'sanitary marts', which sell materials for household sanitation and provide guidance on construction.

The provision of WATSAN services remained crucial in emergency situations during the year in Afghanistan, Angola, Bosnia and Herzegovina, Haiti, Iraq, Liberia and Rwanda. UNICEF provided emergency water and sanitation support totalling $33 million during the year.

UNICEF's emergency role was redefined in the context of the new water and environment strategy in 1995. A start was made on the development of water, sanitation and hygiene emergency service kits, and the 'UNICEF Emergency Manual' was being revised to include new sanitation guidelines and integrated approaches to the environmental health of children in emergencies. Work on both was expected to be completed in 1996.

UNICEF/93-1298/Pregler

When safe water is easily accessible, as in this Vietnamese village, people use it more freely for hygienic purposes, such as washing dishes and hands.

Major donors to UNICEF in support of WATSAN goals include the Governments of Australia, Canada, Denmark, Italy, Japan, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom.

Efforts to broaden UNICEF partnerships continued in 1995 with joint missions and activities with WHO, the World Bank and WWF, which supported programmes in India, Malawi, Papua New Guinea and Turkmenistan. The Handpump Technology Network, funded by the Swiss Development Cooperation, continued to provide valuable technical support and technology transfer to governments and agencies for the operation and maintenance of WATSAN systems. Similarly, the Central American Rural Water and Sanitation Network, funded by both the Swiss Development Cooperation and the Swedish International Development Authority (SIDA), provided technical support to countries in that region.

UNICEF cooperated with the United Nations Environment Programme (UNEP) in developing policies and strategies for water, environment and sanitation programmes. UNICEF and WHO continued to play the lead role in monitoring progress globally through the Joint Monitoring Programme, the most reliable and current source of data about water and environment in the UN system.

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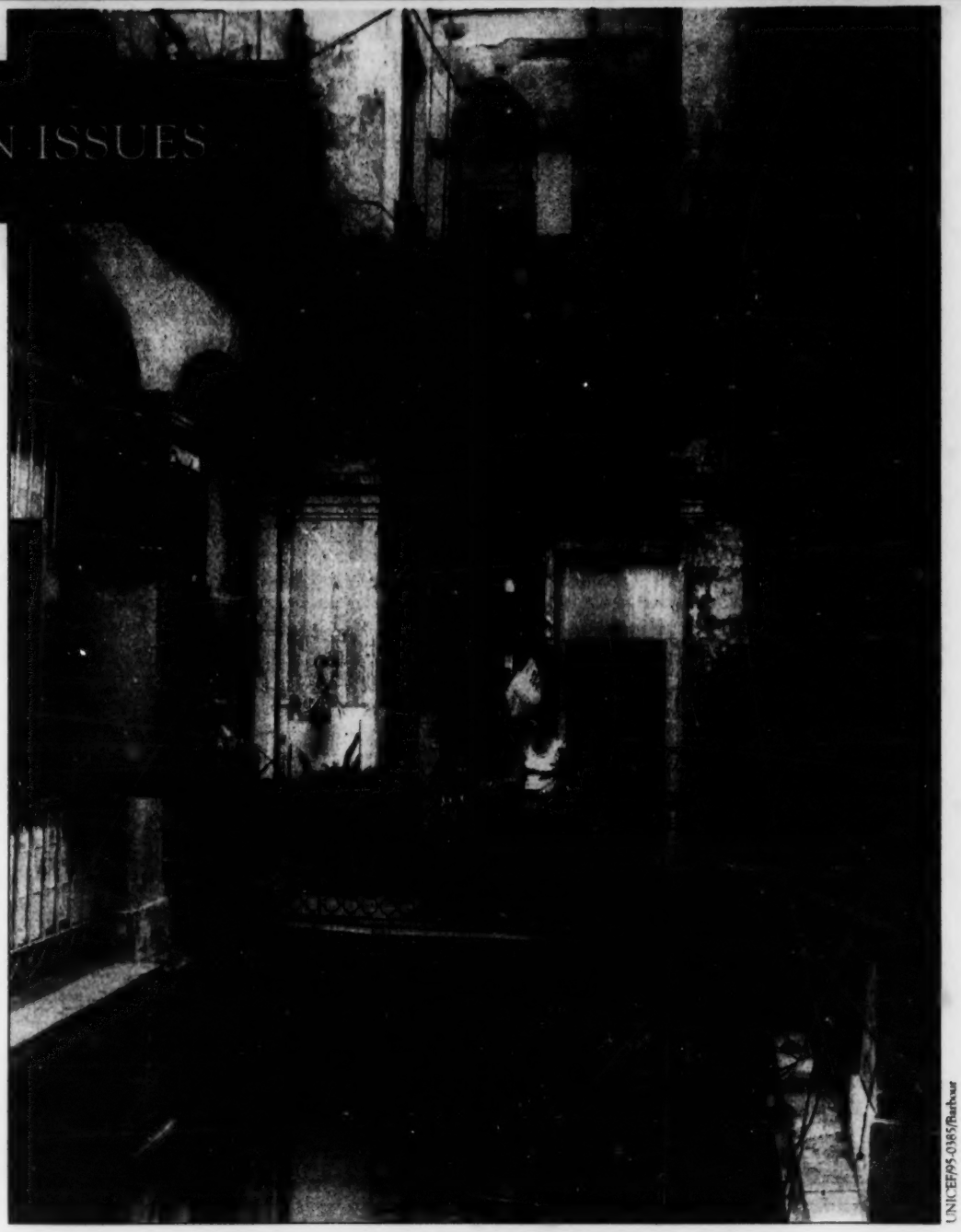
RBAN ISSUES



UNICEF/95-0185/Barbour

This dilapidated building in old Havana houses many more families than it was designed for. Increased urban population density is a growing problem in the less developed countries.

BY THE YEAR 2025, 6 OUT OF 10 CHILDREN in developing countries will live in cities, and more than half of them will be poor. The well-being of children will therefore be inextricably linked to that of the cities where they live. Already, at least 300 million children live in absolute poverty in the shanty towns and slums of the developing world's cities, where their rights to such fundamental necessities as housing are routinely violated. The rapid shift of populations from villages to cities has profound implications for UNICEF, which has tended to concentrate its work in rural areas.

Urban issues, and the strategies to deal with them, advanced on both UNICEF's and the world's agenda in 1995 as planning began in earnest for the Habitat II conference in Istanbul in June of 1996.

UNICEF directed most of its preparatory work for Habitat II towards ensuring that the conference's Global Plan of Action contains relevant principles of the Convention on the Rights of the Child. A number of mayors endorsed this effort, many of whom confirmed their commitment to children in 1990 by joining the UNICEF 'Mayors, Defenders of Children' initiative.

The growing emphasis on urban conditions affecting children has highlighted the inadequa-

cy of current data. Pioneering efforts to disaggregate statistics were under way in a number of countries in 1995, including Bangladesh, Egypt and India.

In Bangladesh, UNICEF was working with the Bureau of Statistics to disaggregate national statistics to determine disparities between rural and urban conditions.

It is hoped that more focused data will enable planners and policy makers to distinguish in more meaningful terms between the needs of the overall urban population and those people living in the absolute poverty of slums and squatter settlements.

In Egypt, municipal and federal authorities used disaggregated information to map disparities between neighbourhoods within Cairo and Alexandria and to target initiatives for children as part of urban programmes. UNICEF's International Child Development Centre (Florence) has been closely involved in these activities, which started in 1993 as part of Egypt's effort to decentralize its national programme of action (NPA) and develop strategies to meet the mid-decade and year 2000 goals. Research in Alexandria during 1995 identified those areas of the city most in need of attention.

India's Prime Minister launched an integrated poverty alleviation programme, adopting a 'whole town' approach to inhabitants' needs. With government backing for the UNICEF-supported urban basic services programme (UBSP), the country is now reaching beyond isolated demonstration projects in selected communities to embrace all the needy areas in a town. As an integral component of India's national programme, UBSP gives strong backing to organizations supporting poor women.

In Cuba, UNICEF supported a low-cost sanitation project for urban households in the provinces of Guantánamo and Granma. The project was a first for UNICEF, which has generally focused its sanitation work on rural populations. The project met its 1995 goal of providing 4,000 urban residents with household connections to an innovative shallow sewer system. Another 6,000 residents were expected to have similar services by the end of 1996.

The shallow system consists of PVC plastic pipe connections to communal septic tanks or treatment ponds. By installing the pipes adjacent to other wastewater points in each household, much less water is required for flushing than in conventional systems. And by networking pipe connections so that they do not pass below roads carrying heavy traffic, the project avoids the costs of deep excavation, reinforcement and maintenance.

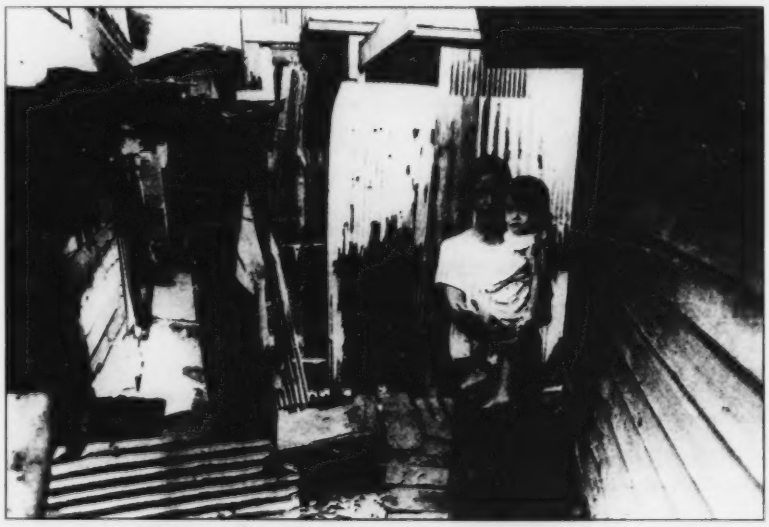
Community action groups are implementing the project, with training and technical support provided by the provincial water administration. UNICEF is assisting with imported PVC pipes, but all other materials are available locally.

Although urban poverty is increasing faster in eastern and southern Africa than anywhere else in the developing world, this problem has received little attention. The UNICEF Eastern and Southern Africa Regional Office (ESARO) is now supporting the disaggregation of urban statistics to promote awareness of urban needs. Understanding of this time bomb is also limited in west and central Africa, although the Mayor of Accra (Ghana) is working with UNICEF on a solid waste management programme as well as a project for street children.

Fifty countries were in the process of decentralizing NPAs for children in 1995. This approach will enable UNICEF to concentrate activities in areas that offer the best opportunity for community participation and convergence of disparate services for children and women.

UNICEF supported 32 ongoing urban basic services programmes in 24 countries in 1995. Most were in Latin America and the Caribbean (28 per cent), followed by South Asia (22 per cent), East Asia and the Pacific (19 per cent), Eastern and Southern Africa (16 per cent), Middle East and North Africa (9 per cent) and West and Central Africa (6 per cent).

An estimated 300 million children live in poverty in the developing world's urban shanty towns, such as this one in Bangkok.



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ASIC EDUCATION

By taking an adult literacy class, this woman in Bangladesh reclaims the basic right to education that she could not exercise as a child.

UNICEF/93-1886/Zaman

THE PREMISE THAT EDUCATION IS A right of all children and the foundation for development and for the achievement of all other rights gained wider acceptance during the year. The achievements of recent international conferences, coupled with initiatives around the world, turned 1995 into the year of girls' education in particular. The strong endorsement of girls' education in the Platform for Action of the Fourth World Conference on Women (Beijing, September 1995) was built on progress made at the Population Conference (Cairo, September 1994) and the Social Summit (Copenhagen, March 1995).

Also at Beijing, UNICEF pledged to more than double its resources to basic education over the 1990s, with special attention to girls' education. By the year 2000, UNICEF expects to spend 25 per cent of programme expenditures on basic education. In 1995, UNICEF spent $85 million on basic education, 11 per cent of programme expenditures (*see also 'Girls and women'*).

With $10 million in funding for 1994-1996 from the Canadian International Development Agency (CIDA) for girls' education in Africa, UNICEF supported innovative and catalytic programmes in 19 countries (Burkina Faso, Cameroon, Côte d'Ivoire, Egypt, Eritrea, Ethiopia,

Ghana, Guinea, Kenya, Malawi, Mali, Morocco, Mozambique, Niger, Senegal, Tanzania, Uganda, Zambia, Zimbabwe). Support was given to activities ranging from teacher training to drama performances promoting girls' education.

Throughout the world, even in areas with high enrolment rates, education quality remains generally low. Since the Education for All Conference in 1990 (Jomtien, Thailand), UNICEF efforts have emphasized universal access to quality primary education. A new basic education policy approved by the Executive Board in May identified Africa, South Asia and countries in emergency situations as priorities in these efforts. The commitment demonstrated by the Canadian funding has led to serious discussions with other partners, including the Japanese and Norwegian Governments and the World Bank, for expansion of education activities.

Girls were the priority focus of universal primary education programmes supported by UNICEF in Bangladesh, Burkina Faso, Egypt, Morocco, Nepal, Pakistan and Zambia during the year. The programmes were designed to encourage girls' enrolment and retention in schools by recruiting female teachers, providing separate latrines for girls, eliminating gender stereotypes in educational materials and promoting community participation in school planning and management.

In India, UNICEF supported the 'joyful learning and teaching' initiative aimed at making learning more fun. Teachers make a public pledge to teach with enthusiasm, and they incorporate song, dance and innovative teaching aids to bring children more actively into the learning process. The project also includes monitoring learning performance in primary grades and original programmes — such as flexible calendars and schedules, more decentralized management and revised curricula — to improve girls' education, especially in rural areas.

UNESCO and UNICEF continued to chart progress in 15 countries around the world. UNICEF also collaborated with UNESCO on its Development of African Education statistics group to improve data collection and establish management information systems. These will help evaluate educational achievements in Benin, Ethiopia, Guinea, Mauritania, Zambia and Zimbabwe.

As part of an ongoing effort to improve education quality, UNICEF worked with governments in Brazil, Ecuador, Namibia and Nicaragua to identify the causes of grade repetition, with a view to corrective action. Training was also supported to improve teaching standards in a number of countries, including Cambodia, India and the Lao People's Democratic Republic.

In May 1995, the Executive Board also identified the education needs of children in emergency situations as a priority. UNICEF began developing a programme to link emergency and education activities. 'School-in-a-box' kits were used during the year in Bosnia, Iraq, Rwanda, Somalia and the Sudan. New emergency curriculum and training materials were also being developed.

During the year, more than 90 countries addressed young child development in their education programmes, and UNICEF continued to work with multilateral and bilateral partners as well as NGOs and foundations concerned with young child development. Among the partners were UNESCO, USAID, the Organization of American States (OAS), Save the Children, and the Aga Khan and the Bernard van Leer Foundations.

The mid-decade goal, which called for increased enrolment leading towards completion of primary education by at least 80 per cent of school-age children, was met in most countries of East Asia, Latin America, and the Middle East and North Africa. There are signs of increasing enrolment in South Asia. But education quality and access remain low in most of sub-Saharan Africa, and enrolment has fallen in some countries during the past several years, due partly to lack of political and financial commitment.

A PILL FOR LEARNING

Research in the Caribbean suggests that the learning ability of many millions of school-age children could be rapidly accelerated if they were given a single low-cost treatment for worms once a year.

Researchers from Oxford University found that the cognitive function of Jamaican schoolchildren infected with whipworm rose rapidly within nine weeks of taking albendazole, a deworming drug. Free of the symptoms of worms, the students attended school more regularly and concentrated better. Albendazole costs about 20 cents per tablet when purchased in bulk by governments.

The findings have major significance for about 200 million school-age children in developing countries who are estimated to have worm infections of varying severity. At the beginning of the study, the infected children had lower levels of cognitive/mental functions than the healthy children. But nine weeks after taking the drug, the infected children showed significantly better cognitive/mental functions than did the infected children who received the placebo.

The potential to eliminate worms from the school environment has never been better. Anti-worm drugs are cheap, safe and easily dispensed through schools once a year. They have a shelf-life of years and, unlike vaccines, do not require cold storage.

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JAFFARPET, INDIA

Buying children back from bondage

When Sita was seven years old, her father borrowed 9,000 rupees ($250) from a local moneylender to pay for her older sister's marriage. There was little prospect that the family would ever earn enough to repay the debt, but the moneylender was unconcerned. He was an agent for a company that sold hand-rolled cigarettes, known throughout India as *beedis*, and he suggested that Sita work for him until the loan was paid off. Sita's father agreed, took her out of school and put her to work.

Sitting cross-legged on the floor outside her house in Jaffarpet, in the North Arcot Ambedkar district of Tamil Nadu, Sita and her mother would cut dried leaves into small rectangles, sprinkle tobacco powder on them and roll each cigarette tightly, neatly tucking in the ends and finishing each *beedi* with a thin twist of twine.

The moneylender would 'pay' 30 rupees (85 cents) for every 1,000 beedis, and Sita found that she could usually produce about 2,000 a day if she worked without a break. But she never saw the money. The moneylender applied her earnings to an interest rate so exorbitant that no matter how hard she and her mother worked, they were unable to make a dent in the outstanding principal.

Bonded labour is illegal in India, but the law was rarely enforced until 1992, when India ratified the Convention on the Rights of the Child and private groups took up the cause.

Taking its lead from the Convention, the state of Tamil Nadu announced a 15-point programme for children in 1994, giving priority to the abolition of child labour. At the same time, North Arcot's Arivoli Iyakkam (Literacy Movement), a government programme aimed at increasing literacy, mobilized 10,000 volunteers to survey 300,000 households and identify every child labourer in the district. Sita's situation was not uncommon: an estimated 30,000 children were found to be working in the district's *beedi* industry, and many were bonded to long-term loan agreements.

Shocking stories of exploitation caught the attention of Vijaya Kumar, the district collector (administrative chief) in North Arcot. At first, Mr. Kumar wanted to invoke the law and have the children released immediately. But he was persuaded by a local NGO that the chain of exploitation, from parents to agents and subcontractors, would not be effectively broken unless parents and contractors were persuaded to cooperate.

He embarked on a personal crusade with help from a UNICEF-supported project, Child Labour Abolition Support Scheme, or CLASS. The immediate objective of the project was to develop income-producing alternatives so that mothers could buy their children out of bondage and send them to school.

An experiment in one small village emerged as a model for the rest of the district. Release fees were negotiated for working children, and their mothers joined self-help groups to raise the money. The groups earned income by rearing dairy cows and selling their milk. Mothers qualified for a group buy-out loan and matching grant from the state of Tamil Nadu if they worked for the group and promised to keep their children in school once they were released.

The project has been so successful that mothers are earning twice as much from the sale of milk as their families used to earn rolling *beedis*. By the end of 1995, more than 100 mothers' groups in North Arcot had amassed group savings totalling more than 500,000 rupees (about $13,800). The state had stepped in to enforce child labour laws against *beedi* traders who refused to cooperate with them.

In mid-1995, the CLASS project was extended to the village of Jaffarpet, where Sita's mother joined the mothers' group. The moneylender agreed to cancel the family's debt for the sum of 1,000 rupees ($28). Sita, along with some equally fortunate friends, was enrolled in the local government school. The chain of exploitation will end there: Sita's mother has pledged never to allow any of her children to become bonded labourers.

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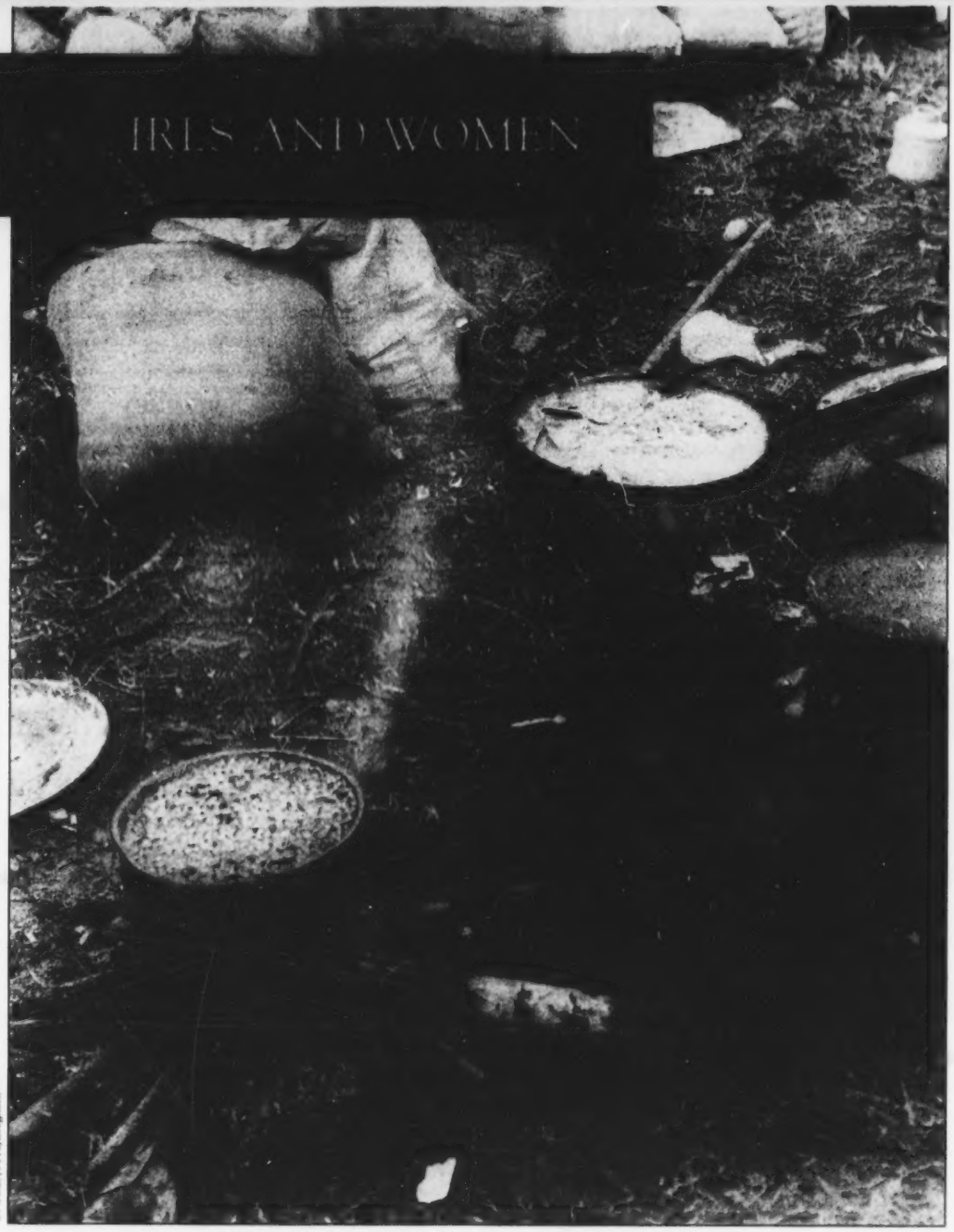
IRLS AND WOMEN



UNICEF/3172/Beegmand

Poverty overburdens girls, like this one in Guatemala, robbing them of the opportunity to learn or play.

TWO YEARS OF PREPARATION FOR THE Fourth World Conference on Women (Beijing, 4-15 September) were rewarded in 1995 when governments reached a global consensus on women's equality, empowerment and justice judged to be the strongest since the series of women's conferences began in Mexico in 1975. The consensus was formalized with passage of a forward-looking Declaration and Platform for Action at the end of the Beijing conference. Two other crucial differences marked this conference: young people had the chance to voice their concerns, and the special interests of girls were embedded firmly in the gender agenda.

In preparation for the conference, UNICEF participated in all UN regional conferences, NGO regional forums, and preparatory meetings of the Commission on the Status of Women in New York. UNICEF supported regional studies, publications and workshops and also sponsored the participation of government and NGO representatives in the various proceedings.

UNICEF advocacy emphasized the need for more attention and resources to girls' education and the linkage between goals for girls and for women from a life-cycle perspective, which views girls and women as part of the same continuum. As part of these efforts, UNICEF drew attention

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to the complementary objectives of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The Beijing Declaration echoed the logic of this perspective, reaffirming, among other things, that women's rights are human rights and that attention must be paid to the immediate development needs of girls, both as children and as tomorrow's women.

Education was identified as a critical area of concern. The Platform included time-bound targets requiring governments to close the gender gap in primary and secondary education by 2015. International organizations such as the World Bank have committed themselves to allocating $900 million over the next five years to girls' education *(see also 'Basic education')*.

As part of its Beijing activities, UNICEF supported an NGO coalition and global network for the girl child that linked regional NGOs from Africa, Asia, Europe and North America. Support was also given to the NGO Forum in Beijing, where UNICEF highlighted problems related to child rights, girls' low self-esteem, sexual exploitation, violence directed at women and girls (both at home and in conflict situations) and unequal access to education and training.

Recommendations from a 1994 Executive Board policy paper resulted in major efforts in 1995 to establish gender training in UNICEF. A previously established global network of gender experts, drawn from UNICEF offices and external institutions, was expanded to more than 50 people during the year. The network advises on strategies to ensure that gender issues are addressed integrally in country programmes.

Regional networks of UNICEF staff and external experts on gender issues were also established or strengthened in the three UNICEF regions covering Africa. Members of these networks provide services such as training UNICEF staff and assisting in formulating programmes.

During the year, gender awareness training was provided for UNICEF staff and government and NGO counterparts in countries including China, Indonesia, Liberia, Madagascar, Nigeria, South Africa, Togo and Viet Nam.

Programmes approved in 1995 for Bangladesh, Egypt, Eritrea, Indonesia, Uganda and Viet Nam incorporated goals for reducing gender-based disparities. Programme recommendations for Cambodia and Pakistan (1996-2000) included specific actions to improve the status of women and reduce disparities in education.

In India, UNICEF assisted leadership training for women representatives in village *panchayats* and *nagar palikas* (rural and urban local government bodies). A number of women, including handpump caretakers in UNICEF-supported programmes, were elected to office.

In Indonesia, gender was incorporated in training for village administrators and extension workers in thousands of villages. In Viet Nam, gender training for village-based volunteers was undertaken in three districts.

Emergency programmes in a number of countries, including Rwanda, included counselling following sexual assault. A kit was also developed to provide health and sanitary supplies for women and adolescent girls caught in emergencies.

During the year, UNICEF prepared publications on the situation of girls in Africa, East Asia and the Pacific, Latin America and the Caribbean, and the Middle East. Advocacy materials were developed through UNICEF/government collaboration for policy makers and administrators in several countries, including Bolivia, Egypt, Haiti and Iran.

In Iran, a national workshop on the girl child early in the year promoted public awareness about health, nutrition and education for girls, as well as gender-sensitive monitoring of ongoing programmes. In the Sudan, advocacy to end female genital mutilation was strengthened.

Increasing men's participation in family life was identified as an area for UNICEF action during the International Year of the Family (1994), but specific programmes are few. In the Caribbean, NGOs assisted by UNICEF have developed initiatives to involve men more actively in parenting, and these efforts have highlighted the need for similar programmes elsewhere. To encourage these, UNICEF sponsored a seminar, 'Achieving gender equality in families: The role of males', in May in Jamaica.

A case-study on the role of men and grandparents in families in Viet Nam was undertaken by the Viet Nam Women's Union and UNICEF in three provinces. The study documented the distribution of responsibilities as well as perceptions and attitudes towards gender relations. Follow-up on the study will continue in 1996.

Several significant outcomes emerged from a regional conference on intra-family violence (Phnom Penh, December 1994). Cambodia was one of several countries to develop a national plan of action to eliminate violence against women and children within families. UNICEF also assists several Bangladeshi NGOs in their campaign against domestic violence.

LUUQ, SOMALIA

Building a refuge from female genital mutilation

The small town of Luuq is run by the book. No one may carry firearms or consume alcohol or tobacco. Women must cover themselves from head to foot. Authority is in the hands of the Islamic Association and Sheikh Mohammed Yusuf, its fundamentalist leader since 1992. In a nation riven by tribal conflicts and anarchy, Luuq boasts civility and order, and in its own unlikely way has become a refuge of sorts for girls.

Luuq is in Somalia, one of six African countries where more than 80 per cent of girls are estimated to suffer female genital mutilation (FGM). Apart from pain and psychological trauma, FGM can lead to haemorrhage, tetanus, sepsis, HIV infection and death. Later in women's lives it affects sexual functions and reproductive health. It can lead to urinary tract infections, difficulty in menstruating and increased risk of haemorrhage, infection and obstructed labour during childbirth. FGM is a fundamental violation of the Convention on the Rights of the Child, which requires countries to take measures towards "abolishing traditional practices prejudicial to the health of children."

The practice is almost universal (98 per cent) in Somalia — but not in Luuq. Here, through an urgent campaign driven by Zahra Ali, a Somali nurse/midwife, and by Sheikh Mohammed Yusuf's strict interpretation of Koranic law, FGM is discouraged.

When Ms. Ali returned to Somalia from Kenya as a health educator with the African Medical Research Foundation, she saw a constant stream of young girls brought to the hospital in Luuq suffering from complications related to FGM. She also saw the subsequent damage caused by recurrent infection and constricted births, which added to the risk of maternal mortality.

Ms. Ali tackled the problem on several fronts. A devout Muslim, she went to the religious authorities, explained the harm being done and pointed out that the Koran does not require female circumcision. She also enlisted the support of local nurses.

The imams (religious leaders) at the mosque also agreed that drastic forms of FGM were unnecessary and unacceptable. They suggested that a token bleeding from the clitoris by means of pricking but not cutting (known as 'sunna') with a sterile instrument could be used as an alternative ceremonial rite of passage.

"We believe that the practice damages health and causes problems," says Assistant District Commissioner Sheikh Omar. "It is a cultural, not a religious, practice."

An education campaign was initiated with religious instruction from the mosque and has since spread to schools, health facilities and public meetings, where the imam and the District Commissioner speak against FGM. The Islamic Women's Association in Luuq supports the approach fully. "We are all aware of the damage done by FGM," says Association President Arfi Biikhi Humdubay. "We have suffered, but we have decided our daughters and granddaughters will not."

UNICEF's provision of $76,000 worth of equipment and essential drugs to stock health units and medical kits for traditional birth attendants in Luuq reinforced Ms. Ali's efforts to win over the TBAs to the symbolic performance of 'sunna' in place of FGM. At a workshop for Luuq's 22 TBAs held by the African Medical Research Foundation in October 1994, Ms. Ali trained the women in safer birthing practices and issued a UNICEF kit containing medical basics.

In reality, this deeply embedded tradition of FGM will not be easily eradicated. Acceptance will hinge on how well the community has adjusted to the teachings of the imam and the campaigning of the nurses and TBAs.

"What happens when this first generation of young girls comes to marriageable age is an unknown quantity," says Ms. Ali. "I see my role as building credibility for this campaign, extolling the health benefits for girls who are not forced to submit to it, and dispelling the idea that it is a way of ensuring chastity. The issues are out in the open now and we are beginning to have requests from other areas in Somalia for similar training."

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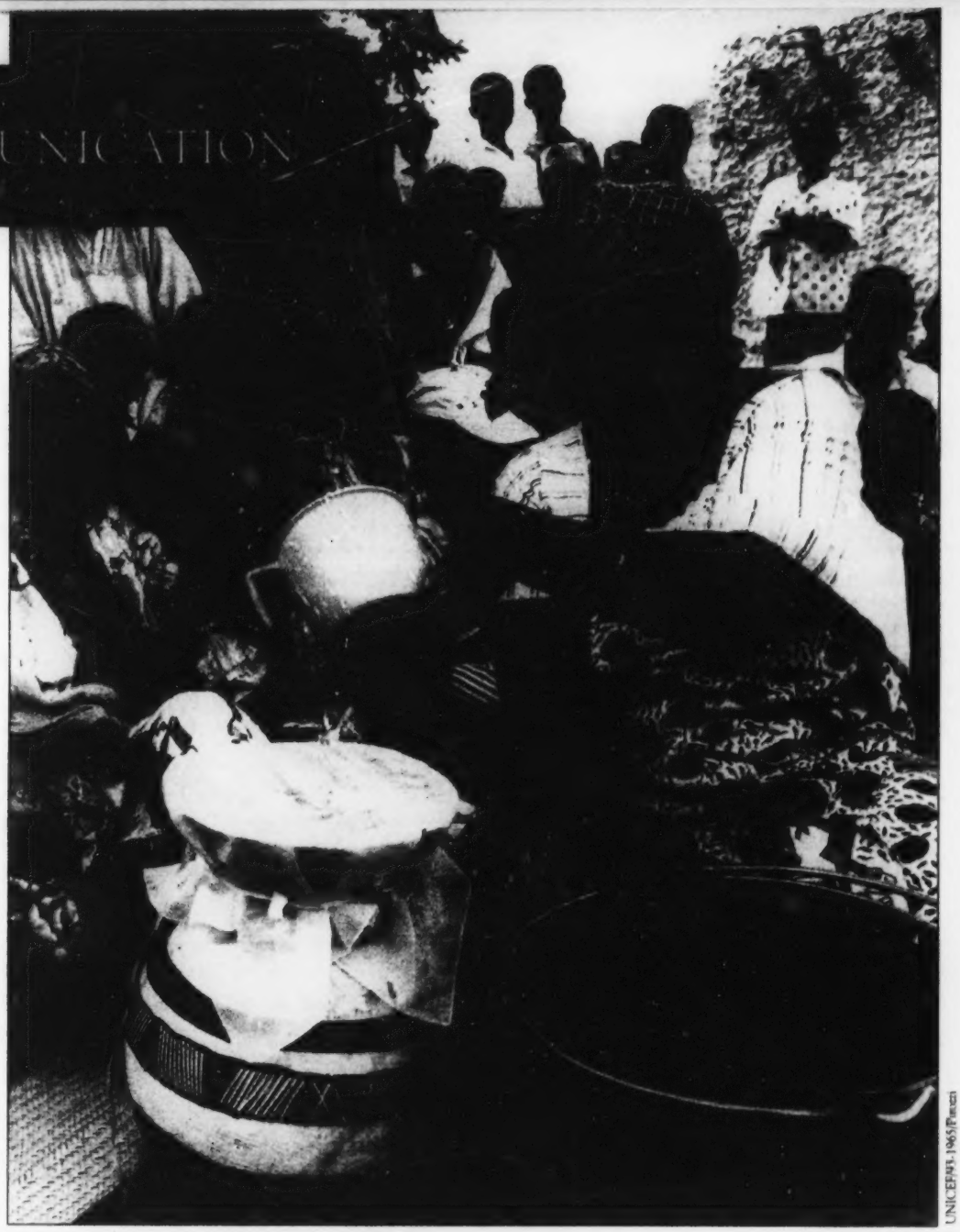

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A community health worker in a village in Niger demonstrates the use of a water filter of fine gauze to prevent guinea worm disease.

COMMUNICATION AND SOCIAL MOBILIZATION

AS A RESULT OF PRACTICAL EXPERIENCE, the approach to communication and social mobilization has undergone a shift in focus over the past few years. The previous emphasis on mass mobilization of communities has evolved into a concentration on communication that leads more directly to behavioural change. This strategy requires more person-to-person interaction with community members, not just leaders.

The belief that 'experts' should identify priorities and determine what behaviours need changing has also evolved. Now, those experts have come to recognize that sustainable change can take place only when the community itself identifies problems and selects priorities for action. UNICEF is therefore adapting its own role to that of facilitator, fostering governments' and people's ownership of development programmes. Activities to encourage local responsibility for development permeated UNICEF country programmes in 1995, and successful examples of community empowerment were reported from a number of countries.

UNICEF aided Uganda as the country took steps to decentralize its national programme of action (NPA) for children, an effort that is being met with enthusiasm at district levels. The emphasis is on behavioural change to help communities build their capacity to identify problems, analyse causes and take corrective action, stimulating behavioural change that is not imposed by outsiders. Participatory research in communities identified obstacles to increasing enrolment and retention of children in school.

In Viet Nam, UNICEF helped promote women's participation in decision-making. Working with grass-roots women's organizations, the effort aims to establish networks among women in poor remote areas. Training in money management skills and literacy is included, as well as access to credit to help women increase their incomes. Activities have also focused on improving the capacity of the Viet Nam Women's Union to monitor changes in the situation of girls and women and to propose policies for their empowerment.

Implementation of Bolivia's new Law of Popular Participation started in 1995. This groundbreaking national law has given rural and indigenous communities the power to control social investments in their communities for the first time. A government decree mandates that a minimum portion of government expenditures be allocated to activities in support of women and children. During municipal elections, UNICEF undertook a visible and successful campaign to encourage candidates to incorporate children's and women's issues in their platforms.

In Lesotho, the Day of the Constituency Child has given a voice to some of the 60,000 herd boys who spend part of the year living alone with their cattle in precarious situations. Begun in 1994 and adapted from the Day of the African Child, the Day gives these boys, some as young as 10, the opportunity to express their problems: low wages, poor working conditions and lack of schooling. UNICEF actively promoted the boys' participation in the Day, which in 1995 extended to 40 of Lesotho's 65 constituencies (electoral districts). Government ministers and other officials were among those who heard the herd boys' demand for fulfilment of their human rights. With UNICEF help, a non-formal education project was also begun for the boys during the year.

Together with the Government of Norway, the UNICEF National Committees of Germany, the Netherlands and the United States have provided funding for a UNICEF initiative to create a multimedia programme in support of teenage girls in Africa. The adolescent girl communication initiative, similar to the 'Meena' project for the empowerment of girls in South Asia, is based on the life of a character named Sara. It will begin by tackling the need to support education for girls, eradicate female genital mutilation and combat sexual abuse and behaviours that increase the risk of HIV/AIDS transmission. Focus groups responded enthusiastically to the initial stories, which were written by African writers, following training by UNICEF. Production of an animated film and comic and story books began in December 1995.

Training is an important aspect of communication and social mobilization, and UNICEF supported several activities during the year. A training package on participatory communication was field tested in Ghana and Thailand. Designed for UNICEF staff and government and NGO partners, it emphasizes programming for people-centred development. After further field testing in 1996, it will be made available to country offices. Also in 1995, courses on social mobilization were offered for the first time by regional institutes. In Ecuador, the Centro Internacional de Estudios Superiores de Comunicación para America Latina held a four-week course for UNICEF staff and partners in Latin America; a similar programme was given by Benin's Institut régional de santé publique in West Africa.

In a joint project with Canada's International Development Research Centre, UNICEF aided the development of training modules in participatory communication for UNICEF staff and NGO partners in West and Central Africa.

As part of a UNICEF-assisted government programme, high school students in Colombia perform several weeks of community service as trained health monitors.

UNICEF/HQ95-0027/Tolmar

Communication of simple, practical health messages plays a major role in preventing health problems — such as this Vietnamese woman's goitre, caused by iodine deficiency.

UNICEF/2861/Koh

FACTS FOR LIFE

BUILDING ON ITS ORIGINAL FORM AS A BOOK of health messages, *Facts for Life* (FFL) is increasingly being used as an integral component of country programmes aiming to promote behavioural change. Rather than simply being translated and published, FFL has become the basis for creatively adapted versions that address local concerns and are sensitive to national and cultural realities. With 10 million copies in print in more than 200 languages, the publication has become a formidable tool of development.

In 1995, a book called *Facts for Life: Lessons from Experience* was completed to document experience with FFL around the world. *Children for Health*, an adaptation for teachers, is now published in eight languages, with the addition of Farsi to come.

A number of countries made innovative use of FFL during the year. Ethiopia added a chapter on peace education. Morocco developed chapters on tuberculosis, sexually transmitted diseases, smoking and oral hygiene. Accidents are covered in the versions produced in nine countries. The Nigeria and Togo versions include guinea worm disease, and leprosy is addressed in FFL in Bhutan, India and Nepal.

Afghanistan expanded the scope of its FFL initiative, launched in 1994, to provide teacher training and kits of supplies for classroom use. Teachers receive training in how to use the kits and are assigned projects that require organizing group discussions with friends and neighbours on assigned FFL topics.

In Papua New Guinea, *Facts for Life* provides the content for a popular daily radio programme, 'FFL Breakfast Show', broadcast nationwide. Using a quiz format, the programme tests the listeners' knowledge of basic health issues and awards prizes for winning essays. Among the prizes are copies of FFL, which has been adapted into English, Pidgin and Hiri Motu versions.

EDUCATION FOR DEVELOPMENT

THE UNICEF EDUCATION FOR DEVELOPMENT (EDEV) initiative is evolving to become more clearly relevant to both sides of the North/South, donor/recipient divide. Many of the major issues facing young people — including violence and conflict, intolerance and racism, violations of child rights, rapid technological change and environmental degradation — are universal.

EDEV is carried out in most industrialized countries by UNICEF National Committees, but it is also implemented through UNICEF country offices in a small but increasing number of developing countries. Its objective is to increase young people's awareness, interest and involvement in global development, peace and justice.

During 1995, UNICEF fostered this participatory approach in most of the world's industrialized countries by providing technical advisory services, organizing or supporting training workshops for teachers and other youth facilitators, developing prototype materials for local production and encouraging education authorities, curriculum planners and youth-oriented NGOs to include global awareness, peace and justice in their work.

Among the countries that incorporated EDEV activities in their programmes in 1995 were Israel, Lebanon, Rwanda, South Africa, Sri Lanka and Yugoslavia (education for peace and conflict resolution); Bangladesh (development of participatory teacher training methods); and Guyana, Mauritius, Romania and the Russian Federation (education strategies for youth).

During the year, particular attention was given to forging professional links between educators and youth organizations worldwide. A new publication, *Journeys into Global Understanding: Organizing a group visit to study development*, supported this objective by providing guidelines to

help educators prepare for a study visit to a developing country.

Child rights and the implementation of the Convention on the Rights of the Child were at the hub of EDEV activities during 1995. A brochure, *The Convention on the Rights of the Child: Questions parents ask*, was published to respond to parents' and teachers' most frequently asked questions and most commonly expressed fears about the Convention. Questions ranged from "Can I still ask my children to help with chores at home?" to more complex questions such as "How will the Convention affect authority and discipline in schools?" and "Will implementing the Convention mean taking the responsibility for children away from parents and giving it to governments?"

UNICEF also supported the development of an interactive CD-ROM for children, My City, based on the Convention. The organization was also the focal point for a new phase of 'Voices of Youth', a youth forum and outreach project on the Internet.

In its use of innovative electronic media for EDEV activities, UNICEF has been careful to maintain interactive, experience-based and action-oriented learning and communicating methods. Whether they are used in classrooms, training courses, publications or multimedia computer software, these methods are the hallmark of an approach that has found a receptive audience in both industrialized and developing countries.

Lebanon is one of the countries that has embraced the Education for Development initiative. Here, young women and men participate in a training session to become peace counsellors.

UNICEF/92-1127/Lemoyne

INTERNATIONAL CHILD DEVELOPMENT CENTRE

THE UNICEF INTERNATIONAL CHILD Development Centre (ICDC), established in Florence in 1988, undertakes policy analysis and applied research, provides a forum for international professional exchange of experiences, and disseminates research emanating from its activities. Funded primarily by the Government of Italy, the Centre also offers training for UNICEF staff and others.

ICDC, also known as the Innocenti Centre, concentrated during the year on child rights; economic policy and resource mobilization for children; and decentralization, participation and local governance.

Policy analysis in support of implementation of the Convention on the Rights of the Child was the main emphasis in the child rights area. ICDC published a major study on the broad societal as well as financial implications of implementing the Convention.

ICDC initiated an examination of the relationship between child work and basic education in Latin America. This study was undertaken in cooperation with the International Labour Organisation (ILO) with financial support from the Government of Sweden.

During the year, a project began on the protection, rehabilitation and social reintegration of child victims of armed conflicts. Case-studies were undertaken in Eritrea and Ethiopia and are planned in Rwanda for 1996. ICDC is also collaborating in the United Nations 'Study on the Impact of Armed Conflict on Children'. The discrimination and deprivation faced by children of minority and indigenous groups was the subject of another 1995 study.

ICDC continued to play a key role in developing an international child rights information network. An international thesaurus and a glossary of terminology have been produced, along with an organizational database of academic institutions concerned with child rights.

In the economic policy area, ICDC worked to strengthen UNICEF efforts to document the impact of economic and social policies on women, children and other vulnerable groups and to formulate policies for mobilizing financial resources for human development. A book of case-studies on child poverty and deprivation in industrialized countries will be published by Oxford University

Press. Another book, on fiscal policy and the poor in developing countries, also neared completion in 1995.

The MONEE project, which monitors the transition to the market economy in Central and Eastern Europe, has attracted considerable international attention since it began in 1992. The number of countries studied doubled to 18 during 1995. Each country's central statistical office regularly provides data collected through household surveys, vital registration systems and administrative statistics.

So far this project has resulted in three regional reports, each providing a comprehensive picture of the situation of children and other vulnerable groups and assessing linkages between public policy, welfare conditions and social outcomes. During 1995, collaboration was strengthened with other participating organizations, including the World Bank.

Research on decentralization, participation and local governance is aimed at advocating sustainable strategies for decentralizing delivery of social services. During 1995, the programme finalized eight case-studies highlighting the advantages, difficulties, successes and failures of planning for children at the subnational level. The results of these studies will be published in book form in 1996.

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Also during 1995, ICDC organized a number of training workshops. The sixth Innocenti Global seminar, held in Jamaica in May, explored the roles of males in families, an issue increasingly recognized as vital to the achievement of gender equality.

The Innocenti Lecture Series was also initiated in 1995, with economist and philosopher Amartya Sen delivering the inaugural lecture, 'Mortality as an Indicator of Economic Success and Failure'.

Through paintings and drawings, these refugee children in Bosnia and Herzegovina work through their experiences of the recent war.

UNICEF/95-0537/Lemoyne

PUBLICATIONS

THE STATE OF THE WORLD'S CHILDREN 1996

LAUNCHED AT THE START OF UNICEF'S 50TH anniversary year, *The State of the World's Children 1996* set out an Anti-war Agenda — a series of realistic and practical steps the world can take to protect children from the escalating violence of war. The report called attention to the 'terrible symmetry' between the situation that confronted children at UNICEF's birth and the situation they face today. It offered analysis accompanied by graphs and illustrations of the horrors suffered by children in war. The launch, in London, was timed to commemorate UNICEF's founding by a unanimous decision of the UN Security Council on 11 December 1946.

The report also traced the shift in UNICEF's focus from emergency relief to long-term development and charted the struggle to place children at the top of the world's political, economic and social agendas.

Advance work to build media interest in the report included personal contacts with reporters, editorial board meetings and journalist field trips to Bosnia and Sierra Leone. A half-hour video produced by UNICEF was distributed to broadcasters internationally. Reports from National Committees and country offices indicated that television coverage of the 1996 report was the most extensive to date.

The State of the World's Children 1996 was uploaded onto the World Wide Web on the Internet the same day the report was launched. It was the first time the report was available on the Web, and more than 30,000 log-ins had been recorded as of end-February 1996.

Among the major media outlets covering the report, both electronic and print, were *O Globo* (Brazil), *Le Monde* (France), *Frankfurter Allgemeine Zeitung* (Germany), *The Hindustan Times* (India), *Corriere della Sera* (Italy), *Daily Nation* (Kenya), *The Times* (UK), *The New York Times*, *The International Herald Tribune*, CNN and BBC TV and radio.

Television coverage in Brazil reached an audience of 90 million and was accompanied by a report on Brazilian children. Ethiopia's President, Dr. Negasso Gidada, released the report at an event attended by 70 children from Burundi, Ethiopia, Rwanda, Somalia and southern

Sudan — countries where children have been front-line victims of conflicts. Media coverage in Liberia reflected on the country's own experience of war. In South Africa, Ms. Graça Machel, chair of the UN 'Study on the Impact of Armed Conflict on Children', addressed a press conference attended by almost 200 people.

In Lebanon, First Lady Mona Hrawi released the report, and wide media coverage supported a fund-raising event for UNICEF. In Pakistan, coverage of the report was accompanied by a 14-minute video on the state of Pakistani children, and follow-up questions touched on land-mines and child labour. More than 200 people attended the press conference in Beijing. In Uruguay, 12,000 children sent questions to President Julio Maria Sanguinetti, who hosted a question-and-answer session for 60 children at his home.

In Germany, 24 television news programmes carried coverage of the report to 40 million viewers. In Oslo, the Norwegian Foreign Minister, Bjørn-Tore Jodal, released the report and discussed Norwegian emergency assistance and cooperation with UNICEF over the past 50 years. Media coverage in Canada included more than 140 minutes of radio and television time over two days. In the United States, *The New York Times* ran a news story and an editorial on children in war, and CNN interviewed Carol Bellamy, Executive Director, and Stephen Lewis, Deputy Executive Director for External Relations.

The State of the World's Children 1996 was not just a spot story; the report firmly placed the theme of children in war on the news agenda. After the launch, CNN and Fox TV ran stories on the Anti-war Agenda, and ABC and the BBC World Service showed documentaries on children in war. *Newsweek* ran a related story on Bosnia.

A majority of press reports noted the growing numbers of civilian casualties in modern wars and the deaths of 2 million children in wars in the past decade alone. Many news reports also referred to UNICEF's history and the enormous progress made for children over the past 50 years.

THE PROGRESS OF NATIONS 1995

THE LAUNCH OF *THE PROGRESS OF NATIONS 1995* (Berlin, 8 June) by President Roman Herzog of Germany and UNICEF Executive Director Carol Bellamy focused on several key issues, including hopes for the eradication of polio by the end of the century, the need to monitor child rights violations, the importance of vitamin A in fighting childhood diseases and declining fertility rates in most regions.

In covering the report, media in industrialized countries tended to highlight child rights and international aid, while developing countries reported mostly on their own progress for children, particularly in health. Many developing and industrialized nations reported the number of women elected to parliaments worldwide.

The 1995 report also examined education as a vehicle for development and the importance of economic stability for continued social progress.

UNICEF/95-0768/Zabeidi

An Iraqi girl is vaccinated against polio at a clinic in Baghdad.

It commended many poor countries for their achievements in health, nutrition and education.

Interest in the report is growing among field offices, National Committees and the media. Thirty-three country offices and National Committees organized formal ceremonies to release the report, and 31 others distributed it to the media. Five offices decided not to distribute the report because of national sensitivity to the data presented.

In Jordan, Queen Noor paid tribute to UNICEF at a formal ceremony attended by 300 people. In Sierra Leone, the UNICEF Representative called for 'corridors of peace' to ensure that children have access to services. In the Sudan, the launch was a joint effort of UNICEF and the National Council for Child Welfare, which is responsible for implementation of the Convention on the Rights of the Child.

The report's chapter on the reduction of aid to developing countries received excellent television and press coverage in the United States. Japanese newspapers reported on the publication for the first time and gave it front page prominence. In Australia, the release highlighted family planning issues and women's representation in government. Canadian coverage noted that the progress being made in many poor nations outstripped that at home. Major media in Pakistan gave extensive coverage to progress in health, education and implementation of the Convention. In India, government officials touched on a

range of issues including child labour and trafficking.

Coverage of the report appeared on the front pages of five national newspapers in Italy and it was featured on all national television stations. Hungary's President, Arpad Göncz, was present at the release. Coverage in Britain was extensive, focusing on the theme of women in parliament. Press coverage in Brazil reached an estimated 2 million readers. Coverage was also excellent in Haiti, where the report was linked with Child Day. The release in Colombia included a conference of eight Latin American mayors who serve as regional members of the Coordinating Committee of Mayors, Defenders of Children, an initiative for urban children. Mrs. Akila Belembaigo, President of the Committee on the Rights of the Child, attended a press briefing in Geneva that focused on the issue of child rights.

The Progress of Nations was available on the World Wide Web on the Internet for the first time. It was rated among the top 5 per cent of all Web sites.

TELEVISION AND RADIO

INTERNATIONAL CHILDREN'S DAY OF BROADCASTING

THE SECOND SUNDAY IN DECEMBER HAS become a broadcasters' pulpit for the world's children. For one day, and longer in some countries, radio and television stations put the concerns, rights and opinions of young people at the top of the broadcast agenda. The International Children's Day of Broadcasting (ICDB) has a combined potential radio and television audience of more than 1 billion people.

On 10 December 1995, the fourth ICDB was celebrated by 2,265 radio and television stations in 171 countries, a significant increase over 1994, when 1,969 broadcasters in 148 countries took part. Heads of States from nine countries went on the air in celebration of ICDB. The event gave UNICEF a unique opportunity to highlight concerns about child development and rights and provided children with the opportunity to use a medium normally controlled by adults. UNICEF television and radio programming covering such issues as child rights and the menace of landmines was distributed to 142 countries.

Major participants included Star TV in Asia; the Indian national television network, Zee TV; the children's cable channel, Nickelodeon (US and Australia); BBC radio and television; and the nine major news and entertainment networks of the US-based Turner Broadcasting System, including CNN (Cable News Network). All UNICEF regions reported solid participation by broadcasters, and many said that programming time, content and quality improved as stations competed with one another to do their best for children.

In Malawi, President Dr. Bakili Muluzi responded on national radio to letters from children around the country, and in Poland, more than 9,000 children took part in a concert series. The heads of national television stations in Finland signed a declaration on children's television rights, and in Guatemala a decision was taken to make children's programming a permanent feature of television and radio schedules.

The television station judged to have the best programming of the day received a special award at the International Emmy Awards Gala (New York, 20 November 1995). The award was presented to Channel 9 in the Dominican Republic for 'Sábado Chiquito de Corporan' (*Little Saturday from Corporan*) by Executive Director Carol Bellamy on behalf of UNICEF and the International Council of the National Academy of Television Arts and Sciences. Channel 9 aired 12 hours of ICDB programming in 1994 and doubled that time in 1995. UNICEF and the International Council were also honoured by *Television Business International* magazine for an "outstanding contribution to international television."

PRODUCTIONS AND CO-PRODUCTIONS

MUCH OF UNICEF'S PRODUCTION AND co-production work in 1995 supported ICDB, allowing for effective and efficient use of funds. UNICEF provided high-quality, low-cost programming to any broadcaster wishing to use it for ICDB. The organization obtains the programmes through co-productions, in-house productions or directly from international producers. Television productions for ICDB in 1995 included *Growing and Changing*, an animated/live action programme about early childhood development, introduced by US First Lady Hillary Rodham Clinton and narrated by paediatrician Dr. T. Berry Brazelton; and *The Children's News*

UNICEF/95-0246/Davies

Created with UNICEF assistance, this travelling peace education puppet show was performed at a primary school in Burundi.

II: Spreading the Word, which focused on the Convention and child rights in Bangladesh, Jamaica and Senegal. An investigative news programme, *Children of Conflict*, was co-produced with the UK's Television Trust for the Environment and Worldwide Television News. It dealt with efforts to rehabilitate children in the aftermath of war.

UNICEF and the National Film Board of Canada co-produced a documentary, *Than in the Invisible War*, about a Cambodian woman named Than coping with life after a land-mine injury. A docu-drama about child domestic servants in Haiti was produced with Danmarks Radio and premiered on Denmark's national TV1 channel.

UNICEF and Canada's International Centre for Films about Childhood and Youth (Centre international du film pour l'enfance et la jeunesse, CIFEJ) produced a video story for teenagers about a Canadian Inuit girl visiting the Philippines. Television spots and music videos were produced and aired throughout the world, and radio features for ICDB were also widely distributed.

In addition to those developed for ICDB, productions by UNICEF included *Architect of a Revolution*, a tribute to the late UNICEF Executive Director, James P. Grant; spots on the mid-decade goals; news documentaries on Afghanistan, Haiti and Rwanda; background footage on *The Progress of Nations 1995* and on women's issues for the Beijing conference; a spot for CNN International on the Convention on the Rights of the Child; and a UNICEF special on ORT. A half-hour production on conflict resolution, *Alone We Are Nothing*, was filmed in Burundi for distribution in 1996.

The number of video programmes distributed by UNICEF in 1995 increased by 40 per cent to more than 16,000 videotapes. Most of this demand resulted from expanded broadcaster participation in ICDB and greater awareness of UNICEF's video-production work.

Productions for UNICEF's 50th anniversary included public service announcements, a short video history of UNICEF and a one-hour reel of rare historical footage on UNICEF's work.

ANIMATION FOR DEVELOPMENT

A CONSORTIUM OF MAJOR ANIMATION companies was formed in 1995 to collaborate with UNICEF in developing video spots to increase public awareness of child rights worldwide. More than 20 participants have pledged their support, including the National Film Board of Canada; RAI (Italy); D'Ocon Productions (Spain); and Sunbow Entertainment, Nickelodeon, Warner Brothers and Film Roman (US). The initiative grew out of UNICEF's second Animation for Development Workshop and Summit, held in Orlando (Florida) in November 1994.

Internships for artists from developing countries have been offered at a number of major animation studios, including Walt Disney Feature Animation and MTV. The School of Visual Arts in New York City has offered a scholarship for a talented artist from a developing country to attend its four-year animation programme.

Four new episodes of the animated *Meena* series in South Asia were produced in 1995. *(See also 'Global Communication Support Fund'.)* Eight episodes of *Maximo*, short animated films on child health, were developed for use in Ecuador with Walt Disney Feature Animation and a local animation company, Cineart.

GLOBAL COMMUNICATION SUPPORT FUND

AMONG THE MAJOR ACTIVITIES SUPPORTED by global communication funds during the year were the following:

◆ ***PLAZA SÉSAMO:*** The new-Spanish language *Sesame Street* was launched at the Mexico

City Children's Museum, El Papalote, in January. The series of 130 half-hour programmes was produced with UNICEF support by Televisa and Children's Television Workshop for children 3-6 years of age.

UNICEF participation helped to ensure that programmes reflect child rights enshrined in the Convention on the Rights of the Child, as well as sensitivity to gender and to racial, cultural and economic differences.

Plaza Sésamo was also broadcast in Chile, Colombia, the Dominican Republic, Ecuador, Nicaragua, Panama, Peru and Puerto Rico, and negotiations were under way to broadcast it in Argentina, Bolivia, Paraguay, Uruguay and Venezuela. The series was also launched on 300 Spanish-language television stations in the United States.

A test survey conducted among preschoolers in Mexico City and Oaxaca (Mexico) in July found that after two and a half months' exposure to *Plaza Sésamo*, the children's knowledge of the alphabet, numbers and other concepts was 10 per cent greater than that of children who had not seen the programme.

◆ MEENA: The adventures of Meena continued in 1995 with development of four new episodes in this animated series on South Asian girls, co-produced by the UNICEF offices in Bangladesh, India, Nepal and Pakistan in collaboration with a Bombay animation studio. Eight episodes have now been completed and five more are in varying stages of production. Among the new episodes are 'Too young to marry' and 'Say no to dowry'.

◆ JOURNALISM TRAINING: The UNICEF/Thomson Foundation journalism training programme pilot tested a workshop for 14 radio journalists in New Delhi in October, and a training kit will be made available to field offices in 1996. The kit is being adapted for use in a number of countries.

Two one-week radio training workshops were held in China in August, funded by the Japan Committee for UNICEF. The aim was to introduce radio professionals to strategies for dealing with health issues such as neonatal tetanus, iodine deficiency and diarrhoea. Following the workshops, about a dozen radio stations produced programmes, and the best were selected for broadcast on the International Children's Day of Broadcasting in December. *(See also 'Television and radio'.)*

With funding from the United Kingdom Committee for UNICEF, the Panama office organized field trips and workshops for print and broadcast journalists to help publicize UNICEF concerns. These activities, focusing on child rights, health, literacy and other issues, resulted in 14 television documentaries, 11 articles and 6 radio programmes.

UNICEF held a workshop in Beirut in April to help television and radio professionals develop public service announcements and programme inserts on child rights and the mid-decade goals. Twenty representatives from nine television and radio stations worked in teams to develop messages, which were refined during two months of supervised follow-up. Prizes were later awarded to the producers of two television spots.

In Mauritania, UNICEF helped to set up a rural radio station, Radio Aftout, in the community of Barkeol. Five local residents — including two women and a child — received broadcast training as part of the project. The programmes, aired for four hours a day in Hassaniya Arabic and Pulaar, combined education, information and entertainment.

Since the programmes were launched, local health workers have noted a fivefold increase in the numbers of women bringing their children for vaccination and a considerable decrease in the incidence of dracunculiasis. The success of Radio Aftout has led the Government to explore the possibility of creating two more stations.

OTHER INITIATIVES

UNICEF HELPED TO DRAFT A CHARTER ON programming for children following the World Summit on Children and Television in Australia and continued to work with WATCH (World Alliance of Television for Children) to promote quality television programming for children.

UNICEF participated for the first time in the selection of the Japan Prize, the annual award of the Japan Broadcasting Corporation for the world's best documentary on educational issues. The prize was awarded in November in Tokyo to France's Channel 2 for a documentary on troubled youth at an alternative school in Paris.

In addition, a half-hour video was produced to accompany *The State of the World's Children 1996* *(see also 'Publications')*.

BEST COPY AVAILABLE

UNICEF/95-0366/Barbour

A priority of many National Committees in 1995 was advocacy for legislation consistent with the Convention, which recognizes the right of children to leisure and recreational activities.

NATIONAL COMMITTEES

UNICEF's 38 NATIONAL COMMITTEES contributed about 30 per cent ($331 million) of the organization's income in 1995 and rallied many thousands of volunteers in the industrialized countries to the cause of children worldwide. They also lobbied governments to increase their voluntary contributions to UNICEF and to meet health, education and other social safeguards pledged by the Convention on the Rights of the Child. Many Committees concentrated their efforts and energy in preparing for the 50th anniversary of UNICEF and participating in the Management Excellence Programme.

The five largest National Committee contributors to UNICEF (Germany, Japan, the Netherlands, France and Italy, in descending order) accounted for 63 per cent of total Committee contributions for the year. On a per-capita basis, the top three donor Committees were Luxembourg ($3.08 per person), the Netherlands ($2.46) and Switzerland ($2.25). *(See box 'Top 20 donors to UNICEF' in 'Resources and management').*

In Central and Eastern Europe and the Baltic States, 10 National Committees participated in

BEST COPY AVAILABLE

A volunteer from SAFE, a UNICEF-assisted NGO, teaches an informal class on the roof of a brothel in Nepal.

UNICEF/93-1269/Noorani

situation analyses, and several advocated for legislation that conformed with the Convention. Collectively, these 10 Committees also more than doubled their sale of GCO products in 1995 to $21 million.

The Convention was a focal point for action by many, if not most, Committees during the year. An explanatory booklet for children was published by the UK Committee, and the Turkish Committee translated a film on child rights produced by the French Committee. The Spanish Committee had the Convention translated into Romany to inform the Gypsy population about child rights. The Japan Committee, working through a committee originally formed to achieve ratification of the Convention, promoted child rights awareness in 40,000 schools and through interactive exhibits in seven cities.

Many Committees, including those of Bulgaria, Lithuania, Slovakia and Sweden, pressed for national laws consistent with the Convention. The Swedish Committee called for a review of laws on the sexual exploitation of children and on pornography. In cooperation with the Association for Travel Agents, the Japan Committee appealed to travellers not to take part in child prostitution. The Slovakian Committee urged the formation of a special government body to ensure that children get 'first call' on the country's resources. The Italian Parliament began consideration of a law to institute a Special Commission on Child Affairs, which would oversee implementation of the Convention.

The UK Committee provided financial support to the Committee on the Rights of the Child, while other Committees participated in the preparation of official state party reports on progress for children (Germany) or alternative reports (Portugal, Republic of Korea, Slovenia, Ukraine, UK). The German and Canadian Committees helped to organize child rights coalitions. Promotion of child rights was the major theme at the Annual Meeting of National Committees (Tokyo, 30 May-2 June).

Most Committees strengthened their relations with the media. The Greek Committee promoted radio and television campaigns for children in especially difficult circumstances. The Polish Committee signed a special agreement with Polish Public Television for fund-raising support. The Spanish Committee continued to work with the Spanish Educational Channel, and the Italian Committee's successful International Club of Journalists for Children was duplicated by other organizations.

The National Committees Mediterranean Group on Education for Development formulated a media strategy in collaboration with UNICEF Geneva and the European Children's Television Centre in Athens. The group's objectives are to promote and develop joint projects on education for peace in the region.

As part of its education for development activities, the Spanish Committee expanded its programme for school solidarity with Latin American children. In 1995, the programme was introduced in Rioja and Baleares and was expanded in Madrid and Castilla La Mancha. More than 1,200 teachers in 500 schools participated in the programme during the school year, reaching a total of about 35,000 students. The Greek Committee launched an education for

development and fund-raising campaign, 'Schools as Defenders of Children'.

The UNICEF exhibit 'No War Anymore' was the centrepiece of fund-raising and education for development activities in Belgium, France and Luxembourg. In France, the Committee developed an anti-war curriculum booklet, aimed at high school and university students, that addressed topics ranging from the human cost of war to prevention and peaceful resolution of conflicts.

The Canadian Committee supported an education for conflict resolution project in Sri Lanka, and the French, German and UK Committees organized a high-level expert meeting in Berlin on children and war. The Committees of Germany, Greece, Hong Kong, Japan, the Netherlands, Spain, Switzerland, the UK and the US provided financial support to the UN 'Study on the Impact of Armed Conflict on Children', and the Finnish Committee and NGOs raised money for children in Bosnia and Herzegovina.

The Austrian Committee worked with NGOs on an international campaign to ban land-mines, and the German Committee presented to the German Foreign Minister a petition with 170,000 signatures calling for a ban on land-mines. In 1995, almost 5 per cent of the Committees' contributions were allocated to emergency countries, including Angola, Rwanda, the Sudan and Yugoslavia.

In Sweden, the Drop of Water campaign, which raises money for UNICEF water projects in Namibia, continues to be an innovative and successful fund-raising and education for development project. The sale of crystal brooches in the shape of a drop of water raised SEK 10.6 million ($1.6 million). Education for development materials were also sold, raising SEK 3.5 million ($500,000).

In addition, the Swedish Committee tested an international mailing initiative, in which requests for donations were mailed directly from the country of appeal. This approach nearly doubled the response rate, from 2.2 per cent to 4.1 per cent, compared with requests mailed from Sweden.

The Change for Good campaign, which collects foreign coins and currency from international airline passengers, has generated support for programmes such as street theatre on health education in Belize, the provision of emergency supplies for Chechnya (Russian Federation), nutrition projects in Swaziland and early childhood education in the West Bank and Gaza. *(See also 'Greeting Card and Related Operations'.)*

NON-GOVERNMENTAL ORGANIZATIONS

THE GROWTH IN NUMBERS AND INFLUENCE of non-governmental organizations (NGOs) over the past 10 years has made them powerful partners for UNICEF, both in international advocacy and in doing our work at country level. NGOs have become an articulate voice for promoting child rights, particularly for ratification and implementation of the Convention on the Rights of the Child. Achievement of the mid-decade and year 2000 goals is also thanks in large measure to their tenacious efforts.

UNICEF began the year with an extensive review of its collaboration with NGOs, to be completed in mid-1996. Recommendations emerging from a series of joint UNICEF/NGO workshops held throughout the world will form the basis for new cooperation strategies that better reflect the growing strength of NGOs.

With their participation in the preparation and implementation of national programmes of action (NPAs) in more than 90 countries, NGOs are major partners in efforts to achieve the goals of the World Summit for Children. Among the most visible at international level in 1995 were the World Organization of the Scout Movement, which developed a global manual to help members promote oral rehydration therapy (ORT) in more than 150 countries; Rotary International, which has mobilized hundreds of thousands of volunteers and contributed $85 million to UNICEF between 1990 and 1995 for the global eradication of polio; and Kiwanis International, whose fund-raising campaign to help eliminate iodine deficiency disorders contributed to national IDD programmes in Bolivia, Ghana, Madagascar, Mexico, Nepal, the Philippines, Ukraine and Viet Nam in 1995. The global fund-raising target to eliminate IDD is $75 million by 1998.

In Central and Eastern Europe, UNICEF continued to work with several Geneva-based international NGOs, including the Christian Children's Fund, Defense for Children International, the International Catholic Child Bureau and World Vision International. These organizations helped to develop, among other things, a directory of NGO projects in the CEE/CIS and Baltic States region and a 'children first' kit to stimulate the involvement of regional NGOs with children's issues. As members of the

UNICEF/NGO Coordinating Committee on Activities for Children in Eastern and Central Europe, these NGOs were in contact with the media, the private sector, religious and civic groups, trade unions and local NGOs to promote awareness of children's needs and the necessary follow-up.

Headquarters and field activities with NGOs during the year focused heavily on monitoring and implementation of the Convention. NGO coalitions in all regions provided information to the Committee on the Rights of the Child, including observations about country reports or, in some cases, alternative reports to those provided by the government.

UNICEF helped to strengthen this process of gathering and exchanging information on legislation, policies and programmes related to the Convention through its continued support for the Child Rights Information Network. This network, which includes UN agencies, academic institutions and NGOs, was launched in 1995 to gather and share information on child rights activities globally.

UNICEF's work with NGOs during the year included a special focus on child labour, sexual exploitation of children and children in armed conflict.

NGOs participated in a UNICEF Child Labour Consultation for South Asia, held in Kathmandu (9-10 October). The meeting agreed on a common definition of child labour and unified criteria for UNICEF and NGOs working on this problem.

UNICEF also worked in partnership with the NGO Group on the Convention on the Rights of the Child and with ECPAT (End Child Prostitution in Asian Tourism) on preparations for the World Congress against Commercial Sexual Exploitation of Children, to be hosted by the Swedish Government in Stockholm in August 1996. NGOs have taken a strong lead in the fight against child prostitution and have provided most of the research and documentation on this issue *(see also 'Child protection')*.

International and national NGOs and NGO coalitions, including the International Campaign to Ban Landmines, made major contributions during the year to the UN 'Study on the Impact of Armed Conflict on Children' *(see also 'Child protection')*. At national level, NGOs participated in the study's regional consultations and field visits and supported follow-up activities related to children in armed conflicts.

NGOs providing research papers for the study included the Human Rights Watch, International Catholic Child Bureau, International Youth Action Alliance, Lutheran World Federation, Quaker United Nations Office, Radda Barnen, Save the Children Alliance and World Vision International. The NGO Committee on UNICEF, through its Working Group on Armed Conflicts, continued to disseminate its Summary of International Treaties to parties involved with this issue.

UNICEF and NGOs worked in partnership to ensure that the needs of children were recognized at the World Summit on Social Development (Copenhagen) and the Fourth World Conference on Women (Beijing).

The NGO Committee on UNICEF drew attention to the intimate relationship between child rights and social development issues, and its Working Group on Girls collaborated with major women's groups to ensure that the needs of girls were fully reflected in the Beijing Platform for Action.

NGOs also joined UNICEF efforts to promote a better understanding of the role of men in the lives of children and to encourage the sharing of family responsibilities between men and women and girls and boys from an early age.

NGOs were active in land-mine awareness campaigns in countries, such as El Salvador, where land-mines are a great hazard to children.

UNICEF/93-0969/Roberts

GOODWILL AMBASSADORS AND CELEBRITIES

UNICEF CELEBRITY SPOKESPERSONS continued to give active support to advocacy messages and fund-raising activities in 1995 and were joined by two new Special Representatives for the performing arts: the popular singer and songwriter Judy Collins and the internationally renowned actress Vanessa Redgrave.

Sir Peter Ustinov was an official UNICEF representative at the Social Summit in Copenhagen in March. He received the International Child Survival Award from the Carter Center and the Atlanta UNICEF Committee in January, and gave a special benefit performance of his one-man show for the Ontario UNICEF Committee in Toronto in April. In December, he joined the Executive Director in launching *The State of the World's Children 1996* in London.

Tetsuko Kuroyanagi enhanced successful fund-raising and advocacy in Japan for projects in Rwanda, which she visited late in 1994, and began a new campaign for Haiti following a mission there in October. Since her appointment as Goodwill Ambassador in 1983, Ms. Kuroyanagi has raised almost $20 million for UNICEF programmes through her television programmes and other media activities in Japan.

Goodwill Ambassadors Liv Ullmann and Lord Attenborough participated in the memorial service for James P. Grant at the Cathedral of St. John the Divine in New York in February. Ms. Ullmann spoke movingly of the late Executive Director as "an almost supernatural force who made impossible hopes and dreams come true." Sir Peter delivered an equally touching tribute at a special service held in Geneva.

Lord Attenborough lent his support to National Committee activities in the United Kingdom, and in November he visited UNICEF-assisted programmes in South Africa and Swaziland.

Harry Belafonte continued to promote awareness of the urgent needs of Rwanda's children after his 1994 mission there. He also wrote the text for an advertisement on child rights sponsored by the Canon company, which appeared internationally in *Time* and *Fortune* magazines.

Special Representative Roger Moore delivered a keynote address at the Kiwanis International convention in Las Vegas in June in his capacity as UNICEF-Kiwanis IDD Initiative spokesperson.

UNICEF/95-0937/Tien

UNICEF Special Representative for sports Johann Olav Koss chats with Vietnamese children while visiting a commune outside Hanoi.

He also participated in activities to support the Committees of the Netherlands and the United Kingdom and recorded a 'Change for Good' message to appeal to passengers on Cathay Pacific Airways to contribute their spare foreign coins. Ms. Kuroyanagi and Sir Peter also recorded messages that are being used on American Airlines, SwissAir and British Airways.

Johann Olav Koss, Special Representative for sports, visited UNICEF-assisted projects in Ethiopia in February and in Viet Nam in April. In August, he served as the principal speaker for the Kiwanis Key Clubs conference in Los Angeles. Mr. Koss also has dedicated himself to fund-raising and securing support from other athletes for Atlanta Olympic Aid 1996. This special initiative by the Atlanta Committee for the Olympic Games, UNICEF and the US Committee for UNICEF was launched to raise funds to alleviate the suffering of children affected by war. As the voice of the initiative, he took part in planning meetings with Olympic Organizing Committees in Atlanta, Sydney and Nagano (Japan) and with local organizing groups and National Committees in Canada and Europe.

At the United Nations and in other forums, Nobel laureates endorsed UNICEF support for Atlanta Olympic Aid 1996. The United Nations and the International Olympic Committee called for the observance of an Olympic Truce during the 17 days of the 1996 Games (19 July-4 August) together with fund-raising for vaccines, medical equipment and educational and recreational programmes for an estimated 18 million children in 14 war-torn countries.

Special Representatives Sir Edmund Hillary and Leon Lai were closely involved in UNICEF greeting card campaigns and other initiatives of

the New Zealand and Hong Kong Committees, respectively. Mr. Lai gave concert performances to benefit the Hong Kong Committee in January and December, and mobilized his fans for major UNICEF fund-raising projects, including polio eradication in China.

Vanessa Redgrave was appointed a Special Representative in London in June. Through her own initiatives, she raised substantial funds for UNICEF-assisted projects for the children of former Yugoslavia. In December, she gave media interviews and visited UNICEF-assisted education and youth projects in Brazil.

Judy Collins' appointment as Special Representative took place at UNICEF House in September, shortly after her visit to UNICEF-assisted programmes in Viet Nam on a trip sponsored by the US Committee. In her concert performances and interviews, Ms. Collins included fund-raising and advocacy messages about the needs of children and mothers she met on those travels.

In 1995, Renato Aragao was joined by other artists for a successful 'Children and Hope' campaign in Brazil. Nana Mouskouri included UNICEF advocacy in her concert appearances and interviews and in special appearances to benefit the French and German Committees. Actress Julia Roberts went on a goodwill mission to Haiti in May for the US Committee and followed up with a direct-mail appeal and media interviews.

Mr. Belafonte's wife, Julie, hosted a special evening in the UN General Assembly Hall on 16 June to commemorate the Day of the African Child. Secretary-General Boutros Boutros-Ghali gave the keynote address, and Nobel Laureate Wole Soyinka also spoke. The Adeshie Dance Company of Ghana and singers Patti Austin and Mary Bond Davis performed.

INTER-AGENCY COOPERATION

UNICEF INTER-AGENCY COOPERATION IN 1995 was focused on three main areas: summits and international conferences, United Nations reform and inter-agency affairs. The round of major conferences that started with the World Summit for Children in 1990 continued into 1995 with the World Summit for Social Development (Copenhagen, March) and the Fourth World Conference on Women (Beijing, September). *(See also 'Girls and women'.)*

UNICEF was active in the preparations for both conferences as well as the negotiation of final agreements. Its participation in the meetings helped to ensure that the needs and rights of children were clearly reflected in the final documents — and that they remained a global priority after the closing speeches. Both conferences recognized that children have rights guaranteed under the Convention on the Rights of the Child and that priority must be given to the needs of girls. They also reaffirmed the goals of the World Summit for Children, the 20/20 approach to resource allocation and the importance of basic social services. UNICEF participated in the development of inter-organizational mechanisms to ensure effective United Nations follow-up to the Social Summit and other international conferences.

Responding to the call for the eradication of poverty at the Social Summit, the UN Administrative Coordinating Committee established four task forces — on basic services, creation of an enabling environment for development, advancement of women and sustainable livelihoods — to coordinate systemwide action and support countries as they develop their own strategies and programmes.

UNICEF participated in ongoing areas of UN reform, collaborating with partner organizations in the Joint Consultative Group on Policy (JCGP). The JCGP comprises IFAD, UNDCP (UN Drug Control Programme), UNDP, UNFPA, UNICEF and WFP. Much of its work early in 1995 related to implementation of General Assembly resolutions on operational activities and to the restructuring and revitalization of the United Nations in the economic and social fields.

In efforts aimed at enhancing collaboration among UN member agencies, the JCGP focused on, among other things, emergency programmes; relief and development in Africa; food security; harmonization of budgets and procedures; women in development; and follow-up to GA resolutions, ECOSOC decisions and international conferences.

UNICEF supported the General Assembly in its development and adoption of an omnibus resolution on the rights of the child, which emphasized such areas as implementation of the Convention on the Rights of the Child; children affected by armed conflicts, child prostitution and child labour; and the plight of street children. Support was also given to development of a separate resolution on the girl child and of a follow-up resolution to the Beijing Women's Conference

promoting the advancement of women in the Secretariat.

UNICEF provided support for the Ad Hoc Open Ended Working Group of the General Assembly on an Agenda for Development. The Working Group developed a paper on the objectives of the UN development system and its policy framework, including the means of programme implementation. The importance of child-related concerns, child rights, the 20/20 approach and the institutional reform of operational activities was recognized.

UNICEF also participated in an unprecedented meeting between the heads of seven UN agencies and programmes and the President of the World Bank to define the nature of future relationships between the Bank and the UN system. The preliminary discussions suggested scope for enhanced collaboration between the two systems in follow-up to international conferences, post-emergency reconstruction and the implementation of programmes to benefit children.

COOPERATION WITH OTHER ORGANIZATIONS

INTERGOVERNMENTAL ORGANIZATIONS

HIGH-LEVEL ADVOCACY FOR CHILDREN continued in 1995 with many partners. The Convention on the Rights of the Child, World Summit goals and NPAs were the focus of activities, for which UNICEF prepared information materials and held briefings and seminars.

During the year, the UNICEF Representative to Ethiopia was formally accredited to the Organization of African Unity (OAU) and the Economic Commission for Africa, and UNICEF appointed a Senior Adviser on Africa to interact directly with senior staff of those organizations. The Day of the African Child also figured prominently in the year's activities, involving the OAU, African Permanent Missions to the United Nations and the World Conference on Religion and Peace at the celebration in the General Assembly Hall. *(See also 'Goodwill Ambassadors and celebrities'.)*

An intergovernmental organization, the Agency for Cultural and Technical Cooperation, signed a Memorandum of Understanding, joining other UNICEF partners in October.

UNICEF benefited from a number of opportunities for collaboration with intergovernmental organizations during the year, including the OAU conferences on the World Summit for Children Goals (Tunis, January); and of African Ministers of Health (Cairo, April); the OAU Assembly of Heads of State and Government (Addis Ababa, June); and the Annual Meeting on Cooperation between the OAU and the UN (Addis Ababa, November). UNICEF also met with intergovernmental counterparts at the Non-Aligned Movement Summit (Cartagena, Colombia; October); Commonwealth Heads of Government Meeting (Auckland, New Zealand; November); Commonwealth Health Ministers Meeting (Cape Town, South Africa; December); the Sixth Conference of Heads of State and Government of Francophone Countries (Cotonou, Benin; December); and the Organization of Islamic Conference's 23rd Ministerial Meeting (Conakry, Guinea; December).

PARLIAMENTARY ASSOCIATIONS

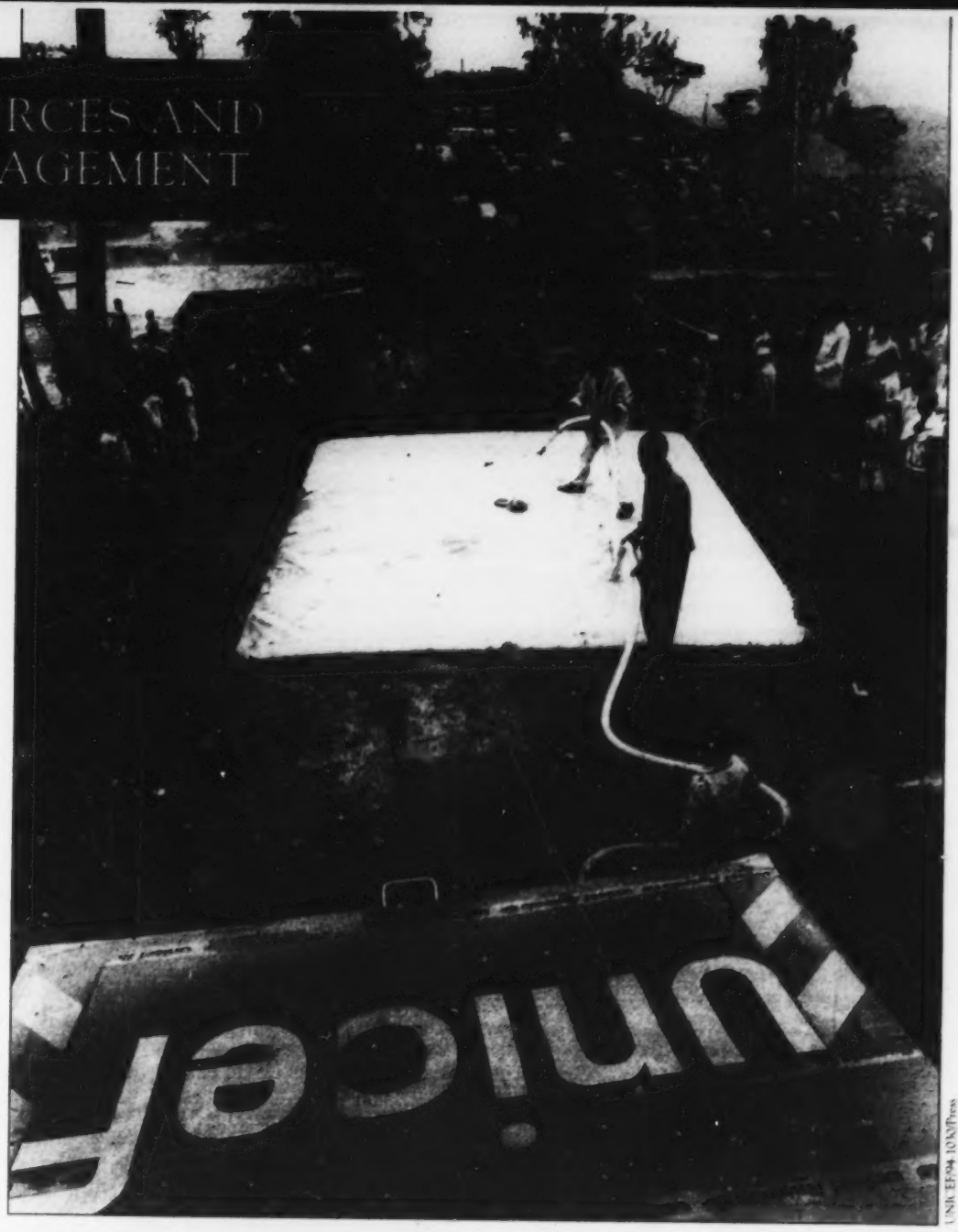
WORK WITH THE INTER-PARLIAMENTARY Union, Parliamentarians for Global Action and the Global Forum of Parliamentarians at the time of the World Summit for Social Development was instrumental in their endorsement of the 20/20 principle. In addition, parliamentarians supported the inclusion of the principles of the Convention on the Rights of the Child and the goals of the World Summit for Children in the Declaration and Programme of Action of the Social Summit. A panel of parliamentarians also discussed the complementarity of women's and children's rights at the Fourth World Conference on Women in Beijing.

RELIGIOUS GROUPS

DURING 1995, UNICEF COLLABORATED WITH the World Conference on Religion and Peace to establish two committees in support of children. One, the Inter-religious Leadership Council for Children, is composed of high-level representatives advocating for children. The other, the Children's Action Committee, aims to support relief and development programmes.

In August 1995, UNICEF participated in a seminar with religious leaders on the ethical and moral components of the UN 'Study on the Impact of Armed Conflict on Children'. The proceedings of the seminar were incorporated into the interim report to the Commission on Human Rights.

RESOURCES AND MANAGEMENT



UNICEF/94-1030/Press

A UNICEF truck pumps water into an expanding tank to provide safe drinking water for 15,000 displaced persons at a camp in Rwanda.

UNICEF FINANCES

INCOME

UNICEF DERIVES ITS INCOME FROM voluntary contributions from governmental and non-governmental sources.

Contributions from governments and intergovernmental organizations accounted for 65 per cent of total income in 1995 (67 per cent in 1994), and the rest came from non-governmental sources and other income (*see pie chart, next page*). For estimated governmental and private sector contributions by country, see pages 90 through 96.

Total income for 1995 was $1,011 million (compared to $1,006 million for 1994). This includes $163 million (16 per cent) in contributions for emergencies ($214 million in 1994), $537 million for general resources (54 per cent) and $311 million (30 per cent) for supplementary funds.

General resources are used for cooperation in country programmes approved by the Executive Board, as well as for programme support and administrative expenditures. The UNICEF pro-

gramme budget in each country is allocated according to three criteria: under-five mortality rate (the annual number of deaths of children under five per 1,000 births); income level (GNP per capita); and the size of the child population. The table on page 83 shows country programme funds.

General resources income includes contributions from 104 governments, net income from the sale of greeting cards, funds contributed by the public (mainly through National Committees) and other income.

UNICEF also seeks supplementary funds contributions from governments and intergovernmental organizations to support projects for which general resources are insufficient, or for relief and rehabilitation programmes in emergency situations, which, by their nature, are difficult to predict.

EXPENDITURES

THE EXECUTIVE DIRECTOR AUTHORIZES expenditures to meet recommendations approved by the Board for programme assistance. The pace of expenditure depends on the speed of implementation in any country.

In 1995, UNICEF expenditures amounted to $1,023 million ($999 million in 1994), summarized in millions of US dollars as follows:

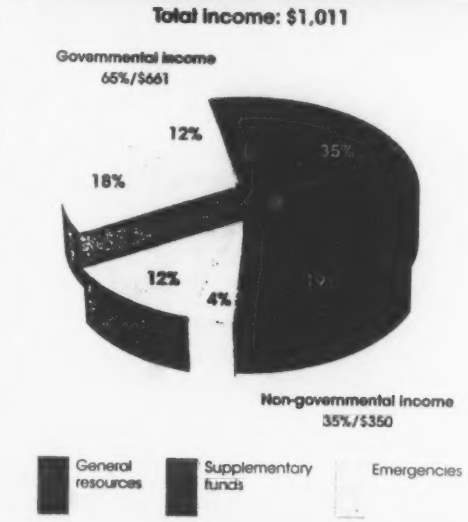
	1993	1994	1995
Supply assistance	359	334	330
Cash and other assistance	445	467	474
Programme support services	93	99	109
Subtotal	**897**	**900**	**913**
Administrative services	87	91	99
Write-offs and other charges	13	8	11
Total expenditures	**997**	**999**	**1,023**

LIQUIDITY PROVISION

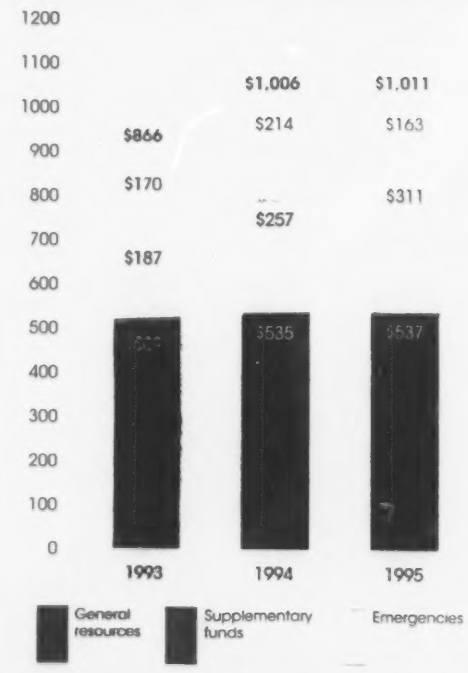
UNICEF WORKS WITH COUNTRIES TO prepare programmes so that recommendations can be approved by the Executive Board in advance of major expenditures on these programmes. UNICEF does not hold resources in advance to fully cover the costs of these recommendations but depends on future income from general resources. The organization does, however, maintain a liquidity provision to allow for temporary imbalances between cash received and disbursed, as well as to absorb differences between income and expenditure estimates.

UNICEF maximizes planned general resource programme expenditures based on the requirements of the liquidity provision and on the level of projected general resource contributions.

UNICEF INCOME BY SOURCE 1995
(In millions of US dollars)



UNICEF INCOME 1993-1995
(In millions of US dollars)



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GOVERNMENT CONTRIBUTIONS

GOVERNMENTS CONTRIBUTED $645 MILLION of UNICEF's $1 billion budget in 1995. Among the top 20 donors, 11 increased their contributions over 1994. A contribution of $10 million from the European Union and $6 million from UN agencies brought the total from governments and intergovernmental organizations to $661 million.

The United States remained the largest donor to UNICEF, contributing a total of $129 million, while Sweden was the largest per-capita donor, contributing almost $12.50 per person. Although the total US contribution declined by $7 million over 1994, the country has sustained its general resources contribution of $100 million since 1993. The US ranks twelfth in per-capita contributions.

Sweden continued to be the largest donor to supplementary funds and the second largest to general resources, contributing a total of $110 million. The country's contribution included $40 million for general resources and $57 million for regular supplementary funded programmes, along with $13 million for emergency programmes. Sweden remained the largest donor of supplementary funds for health and for water and sanitation programmes.

The Netherlands became the third largest donor, providing $87 million, including a substantial increase in supplementary funding, to $28 million. The Netherlands' $33 million contribution for emergencies was the largest in that category.

Norway was the fourth largest donor, with a total contribution of $52 million, of which $39 million was for general resources.

Denmark, the fifth largest donor with a total contribution of $41 million, has steadily increased its contribution to general resources since 1990. It became the fourth largest donor in this category, with a contribution of $31 million in 1995.

Increases in funding for regular supplementary and emergency programmes lifted Japan to sixth place. Its total contribution was $39 million, of which $29 million was for general resources.

The United Kingdom increased its total contribution to UNICEF by almost one third to $34 million, putting it in seventh place. This figure included a dramatic increase in support for regular supplementary funding from less than $1 million in 1994 to $11 million.

TOP 20 DONORS TO UNICEF

Governments	Contributions (in US$ thousands)	Per capita contribution (in US$)	Committees for UNICEF	Contributions (in US$ thousands)	Per capita contribution (in US$)
United States	128,558	0.49	Germany	63,891	0.78
Sweden	109,631	12.47	Japan	39,297	0.31
Netherlands	87,260	5.67	Netherlands	37,800	2.46
Norway	52,294	12.11	France	37,431	0.65
Denmark	40,640	7.82	Italy	31,695	0.55
Japan	39,230	0.31	Spain	22,970	0.59
United Kingdom	34,413	0.59	United States	17,253	0.67
Canada	32,762	1.12	Switzerland	15,734	2.25
Italy	28,113	0.49	Australia	9,612	0.54
Australia	18,480	1.04	Belgium	8,883	0.88
Switzerland	17,892	2.56	Canada	7,709	0.26
Finland	13,049	2.56	United Kingdom	7,373	0.13
European Union	9,762	...	Finland	4,429	0.87
Germany	8,272	0.10	Hong Kong	4,134	0.68
Belgium	4,992	0.50	Greece	3,667	0.35
Ireland	3,324	0.93	Republic of Korea	3,554	0.08
Spain	2,832	0.07	Sweden	2,605	0.30
France	2,238	0.04	Austria	2,590	0.32
Austria	2,061	0.26	Denmark	2,054	0.40
China	1,050	...	Portugal	1,568	0.16

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PROGRAMMES FUNDED FROM GENERAL RESOURCES

The following country programmes, approved for multi-year periods, are funded from general resources.

Afghanistan	1996-99	$24,000,000
Albania	1996-2000	$4,850,000
Algeria	1996-97	$2,000,000
Angola	1996	$3,200,000
Argentina	1996	$1,000,000
Armenia	1995-99	$5,000,000
Azerbaijan	1995-99	$5,000,000
Bangladesh	1996-2000	$88,000,000
Belize	1992-96	$3,750,000
Benin	1994-98	$5,500,000
Bhutan	1992-96	$5,874,000
Bolivia	1993-97	$6,875,000
Bosnia and Herzegovina	1996-98	$5,025,000
Botswana	1995-99	$5,200,000
Brazil	1994-2000	$11,900,000
Burkina Faso	1996-2000	$14,000,000
Burundi	1993-97	$7,150,000
Cambodia	1996-2000	$11,550,000
Cameroon	1996-97	$2,800,000
Cape Verde	1995-99	$3,750,000
Central African Rep.	1993-97	$6,000,000
Chad	1996-2000	$8,500,000
Chile	1991-96	$5,766,000
China	1996-2000	$100,000,000
Colombia	1993-97	$6,050,000
Comoros	1995-96	$1,500,000
Congo	1992-96	$5,000,000
Costa Rica	1992-96	$3,750,000
Côte d'Ivoire	1992-96	$7,700,000
Cuba	1992-96	$5,000,000
Djibouti	1994-98	$3,500,000
Dominican Republic	1992-96	$5,000,000
E. Caribbean Islands[1]	1993-97	$5,100,000
Ecuador	1994-98	$5,000,000
Egypt	1995-2000	$30,000,000
El Salvador	1992-96	$5,000,000
Equatorial Guinea	1994-98	$3,750,000
Eritrea	1996-2000	$7,500,000
Ethiopia	1994-99	$75,000,000
Gabon	1996	$750,000
Gambia	1992-96	$3,750,000
Georgia	1996-2000	$4,850,000
Ghana	1996-2000	$15,000,000
Guatemala	1992-96	$5,000,000
Guinea	1996	$2,000,000
Guinea-Bissau	1994-97	$3,750,000
Guyana	1995-99	$3,750,000
Haiti	1995-97	$5,100,000
Honduras	1996-2000	$4,850,000
India	1996-97	$71,600,000
Indonesia	1995-2000	$72,000,000
Iran, Islamic Rep. of	1993-97	$6,000,000
Iraq	1995-96	$3,000,000
Jamaica	1995-96	$1,500,000
Jordan[2]	1993-97	$5,000,000
Kazakstan	1995-99	$5,000,000
Kenya	1994-98	$22,000,000
Korea, Dem. People's Rep.	1994-98	$5,000,000
Kyrgyzstan	1995-99	$5,000,000
Lao People's Dem. Rep.	1992-96	$6,600,000
Lebanon[2]	1992-96	$5,156,000
Lesotho	1992-96	$5,000,000
Liberia	1994-96	$3,000,000
Madagascar	1996-2000	$15,900,000
Malawi	1992-96	$16,500,000
Malaysia	1994-96	$2,250,000
Maldives	1994-98	$3,750,000
Mali	1993-97	$20,625,000
Mauritania	1994-98	$5,000,000
Mauritius	1996-2000	$3,750,000
Mexico	1996-2001	$6,280,000
Moldova	1995-96	$1,500,000
Mongolia	1991-96	$4,761,000
Morocco	1992-96	$13,200,000
Mozambique	1994-98	$42,000,000
Myanmar	1996-2000	$32,500,000
Namibia	1992-96	$5,000,000
Nepal	1992-96	$25,000,000
Nicaragua	1992-96	$5,119,000
Niger	1995-99	$12,200,000
Nigeria	1996	$16,000,000
Oman	1996	$1,000,000
Pacific Islands[3]	1992-96	$7,150,000
Pakistan	1996-98	$34,320,000
Panama	1992-96	$3,750,000
Papua New Guinea	1993-97	$5,260,000
Paraguay	1995-99	$6,000,000
Peru	1996-2000	$5,380,000
Philippines	1994-98	$22,500,000
Romania	1995-99	$5,000,000
Rwanda	1993-97	$9,900,000
Sao Tome and Principe	1996	$750,000
Senegal	1992-96	$11,873,000
Sierra Leone	1996-97	$3,600,000
Somalia	1996	$3,000,000
South Africa	1994-96	$6,000,000
Sri Lanka	1992-96	$6,875,000
Sudan	1996	$5,500,000
Swaziland	1996-2000	$3,750,000
Syria[2]	1996-2000	$5,000,000
Tajikistan	1995-99	$6,250,000
Tanzania	1992-96	$42,511,000
Thailand	1994-98	$10,750,000
The former Yugoslav Rep. of Macedonia	1996-98	$2,175,000
Togo	1994-96	$3,000,000
Tunisia	1992-96	$4,705,000
Turkey	1996	$2,200,000
Turkmenistan	1995-99	$5,000,000
Uganda	1995-2000	$32,600,000
Uruguay	1992-96	$3,750,000
Uzbekistan	1995-99	$6,250,000
Venezuela	1996-97	$1,850,000
Viet Nam	1996-2000	$44,000,000
Yemen	1994-98	$12,500,000
Zaire	1996-97	$14,000,000
Zambia	1991-96	$11,601,000
Zimbabwe	1995-2000	$8,400,000

UNICEF has country programme agreements with 145 countries: 46 in sub-Saharan Africa (ESARO and WCARO); 32 in Latin America and the Caribbean (TACRO); 33 in Asia (EAPRO and ROSA); 18 in the Middle East and North Africa (MENARO); and 16 in Central and Eastern Europe, the Commonwealth of Independent States (CEE/CIS) and the Baltic States.

Financed from funds for regional activities: in ESARO — Seychelles; in TACRO — Bahamas, Barbados, Suriname, Trinidad and Tobago, Turks and Caicos; in MENARO — Bahrain, Kuwait, Libya, Qatar, United Arab Emirates; in CEE/CIS and the Baltic States — Belarus, Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Russian Federation, Ukraine, Yugoslavia.

[1] Includes Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Turks and Caicos Islands.

[2] UNICEF is providing assistance for Palestinian children and women for 1996-97 in the following: West Bank and Gaza — $2,400,000; Jordan — $400,000; Lebanon — $700,000; Syria — $400,000.

[3] Includes Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu.

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Canada was the eighth largest government donor with a total of $33 million, falling from third place in 1994. Of its total contribution, $22 million was for supplementary funding of regular and emergency programmes. The first phase of Canada's supplementary funding of girls' education in Africa ended in 1995, with $10.5 million having been contributed. A second phase is currently in negotiation.

Italy was the ninth largest donor to UNICEF, with $28 million. The country remains an important donor for emergency programmes and is the most important contributor to the International Child Development Centre in Florence, but Italy's contribution to general resources declined for the second year in a row, to $12 million.

A total contribution of $18 million made Australia the tenth largest donor, and the fourth largest government donor to regular supplementary funded programmes.

Just behind Australia are Switzerland and Finland, which remain important donors to general resources, with total contributions of almost $18 million and $13 million, respectively.

BIENNIAL BUDGET 1996–1997

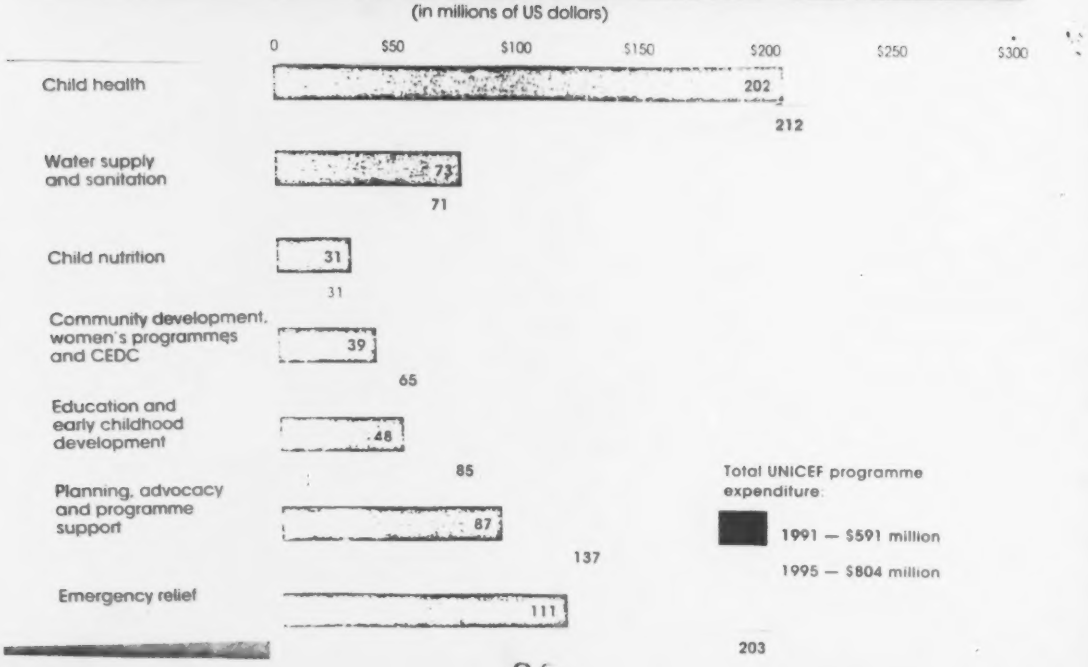
IN SEPTEMBER 1995, THE EXECUTIVE BOARD approved two interim allocations for the administrative and programme support budget and the global funds budget. One interim allocation was for headquarters and regional offices for the year 1996, equal in amount to the first year of the 1996-1997 baseline budget. The other allocation was for field offices, to cover the 1996-1997 biennium equal in amount to the baseline budget estimates.

These interim allocations were to be replaced by an integrated budget proposal. In April 1996, an integrated budget was submitted to the Executive Board to consolidate, for the first time, the allocations for the administrative and programme support budget and the global funds budget for headquarters and regional offices.

This integrated budget submission also reflected some structural changes based on improved operational effectiveness. With a no-growth budget over the 1994-1995 biennium achieved through efficiency measures at headquarters, the organization was able to absorb the costs of establishing a regional office for the CEE/CIS and the Baltic States and in addition to allocate $5.7 million for programmes in that region.

In September 1997, an integrated budget will be submitted to the Executive Board, incorporating the administrative and programme support budgets for the entire organization.

UNICEF EXPENDITURE ON PROGRAMMES BY SECTOR 1991-1995



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GREETING CARD AND RELATED OPERATIONS

SALES OF UNICEF GREETING CARDS IN THE 1994-1995 year reached 158 million, with sales volume up more than 1.4 million in Spain, 505,000 in Germany and 411,000 in Brazil. These sharp increases were spurred by a market development programme for National Committees and stronger sales to corporations. Supporting these successful campaigns were the National Committees for UNICEF and thousands of volunteers.

More than 3.5 billion greeting cards have been sold since 1949 when UNICEF produced its first card, a water-colour painted by a seven-year-old Czechoslovak girl to thank UNICEF for the help it had given her village after World War II.

For the fiscal year ended 30 April 1995, net operating income from the sale of cards and other products totalled $70.2 million. Private sector fund-raising through direct-mail campaigns, corporate partnerships and special events brought in $72.7 million. Net income from the private sector was $144 million, compared to $99.4 million in fiscal year 1993-1994. All told, National Committees and field offices, with support from GCO, generated $262 million, about a quarter of UNICEF's total annual income. A generous outpouring of sympathy for the children of Rwanda, outreach to solicit new donors and increased support from the business world were important factors in this year's fund-raising success.

Two million copies of the 'Review of the Year' booklet were mailed during the year, together with 9 million copies of the 'Pocket Diary' and colourful direct-mail premiums, in many languages. Another 28.9 million brochures and leaflets promoting the UNICEF card and gift collection were sent to individuals and businesses.

Thematic fund-raising kits on 'Children in Need of Special Protection' and 'Education for Peace' provided raw material for National Committees to use in direct marketing. Fund-raising kits, updates and other materials were also produced on Angola, Cambodia, Nepal, Rwanda, the Sudan, Tanzania and Viet Nam. Innovative GCO fund-raising tools included the child survival catalogue, from which donors symbolically 'order' relief items by making a contribution to UNICEF. Packages introducing methodologies for soliciting legacies, bequests and pledges were also distributed during the year.

More than 200 new greeting card designs were introduced for 1994-1995, including artwork to celebrate the International Year of the Family in 1994. Reproduction rights were donated by artists, museums and other international art sources. The sale of products from UNICEF-supported community projects in Bangladesh, Guatemala and Nepal benefited both local artisans and global UNICEF programmes.

Among future markets identified for cards and products were Argentina, Brazil, Indonesia, Pakistan, the Philippines and Thailand.

In 1994-1995, the Fund Raising Development Programme for National Committees and Field Offices generated $9.4 million and helped National Committees to sign on 156,122 new donors.

Over $3 million was donated to UNICEF in 1995 by passengers on board international flights through the 'Change for Good' programme, which was developed with National Committees and field offices to collect 'leftover' foreign bills and coins from travellers on participating airlines.

Among the exhibits developed in 1995, the most significant was entitled 'Summitry Works: Words into Action'. This interactive multimedia exhibition on the role of recent international conferences was produced for the World Summit for Social Development (Copenhagen, March). The exhibit included a CD-ROM game and an Internet connection known as 'Voices of Youth'. Many hundreds of Internet messages were sent by young people from around the world to leaders attending the Social Summit, marking the start of a youth dialogue on vital social issues.

UNICEF Goodwill Ambassador Sir Peter Ustinov and a young visitor view the UNICEF exhibit 'Summitry Works' at the NGO Forum during the Social Summit.

UNICEF/93-0342/Mann

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INFORMATION RESOURCES

DEVELOPMENT OF A NEW STANDARD computer system for field offices and improvement of UNICEF use of new technology to facilitate electronic communication between headquarters and field locations were the focus of information resources activities in 1995.

The programme manager system (ProMS), the replacement for the global field support services (GFSS) system, will be completed for testing in the field early in 1997. Close collaboration with field offices has been an important element in designing and developing the computer system. ProMS will handle work planning, budgeting, requisitioning of supplies and other project inputs, financial management, personnel and payroll. The system will improve accountability as well as timeliness and accuracy of data.

Development of the new contacts and distribution management system, Pegasus, neared completion in 1995. Among the system's many uses are tracking contacts, such as correspondence and telephone calls, and targeted distribution of advocacy materials. The system has been designed for use throughout the organization by staff at all levels, on both stand-alone personal computers and local area networks. It is expected to be ready for implementation in mid-1996.

UNICEF put a range of publications on the Internet through the World Wide Web and the UNICEF gopher, making them available on demand to anyone with Internet access. 'Voices of Youth', an outreach project developed for the Social Summit, also made use of the Internet. *(See also 'Publications' and 'Education for Development'.)*

Ninety UNICEF offices now have access to Internet electronic mail for more efficient messaging and transfer of information between offices and with partners. Almost all headquarters staff now have this access from their desks. Twenty-two UNICEF National Committees are also connected to the Internet.

Executive Board resolutions, country office annual reports and many country programme documents were uploaded onto in-house electronic textbases, making them easily accessible from users' desks. An electronic documents database on child rights was established in Geneva. Two CD-ROMs also were issued. One, with more than 6,000 UNICEF studies and evaluations dating from 1987, was compiled to help UNICEF staff and partners take advantage of lessons learned in past programmes. The other holds 3,500 programme-related illustrations for use by field offices and UNICEF partners.

A communications package of radios and satellite telephones that operates independently of local infrastructure or power supply was developed during 1995 for the rapid response team *(see 'Emergency countries')*. This equipment can support a team of seven for a limited period, enabling them to communicate among themselves, with regional offices and with headquarters.

In late 1995, a consulting firm was contracted to perform a study of information technology. The study, completed in early 1996, made recommendations on improving the information technology structure and governance process and information management.

INTERNAL AUDIT

DURING 1995, UNICEF COMPLETED 30 AUDITS involving 35 offices, 6 in headquarters locations and 24 in the field, representing all seven UNICEF regions. As a result of the introduction of new systems and advances in technology affecting business functions, audit coverage emphasized Information Resources Management sections in New York, Copenhagen and Geneva.

The year's audits in general found some inadequacies in management standards, internal controls and accountability, as well as in compliance with established policies and procedures. Recommendations were made for more efficient use of resources, particularly in connection with use of NGOs and through assessment of field office operating structures. Selective reviews were also made of management of cash assistance to governments. A standard agreement for cooperation with NGOs was developed.

Following the discovery of serious irregularities in the Kenya country office in late 1994, an audit of the office's operations was carried out in 1995. The audit, completed in July, found a number of instances of mismanagement and fraud. Therefore, 28 staff members, including two Representatives, were separated from UNICEF through dismissal, resignation, early retirement or non-renewal of appointment.

A number of corrective actions were initiated

in response to the findings. Steps were taken to strengthen internal controls throughout the office, monitor banking transactions, strengthen supply procedures such as inventory and purchasing, and update programme implementation reporting to donors. A follow-up audit is scheduled for September 1996.

SUPPLY MANAGEMENT

UNICEF STOCKED ITS COPENHAGEN warehouse in 1995 with supplies and equipment in readiness for use by the newly formed rapid response team *(see 'Emergency countries')*. Equipment on stand-by ranges from canned food to four-wheel-drive vehicles equipped with high-frequency radios and laptop computers loaded with global field support system software and capable of communicating via satellite telephones.

Also included in the rapid response team package is a water purification system that can be set up in six hours to supply drinkable water from any source for up to 10,000 people. The system, self-contained in a two-wheeled trailer that can be towed by any small vehicle, was developed with companies from France and Norway.

Working closely with the WHO Global Programme for Vaccines and Immunization, UNICEF revised its approach to purchasing in 1995 to ensure that new vaccines will be available to developing countries at affordable prices as soon as they are ready. Due to an international competitive bid, prices of polio and measles vaccines are expected to fall 10 to 20 per cent in 1996-1997.

Development of another valuable new technology, a vaccine vial monitor, was completed in 1995 in collaboration with the Programme for Appropriate Technologies in Health, a US-based NGO; Lifeline, the UK-based manufacturer; and WHO. The monitor changes colour if the vaccine has been exposed to high temperatures and thus damaged, so health workers will be able to use their supplies with confidence and avoid discarding vaccines of uncertain potency. Starting in 1996, the monitor is being delivered with all polio vaccines. Studies are under way to determine whether it is suitable for use with other vaccines.

UNICEF also worked closely during the year with a company from the Netherlands to produce a simple, low-cost machine to enable rural salt producers to iodize locally obtained salt. The machine can be easily built in developing countries. It costs about $1,500 and is currently working well in Ghana, Madagascar and Tanzania.

UNICEF-supplied hygiene kits are given out to refugees at a distribution centre in Banja Luka (Bosnia and Herzegovina).

UNICEF/95-0009/Lemoyne

UNICEF global supply activity increased once more in 1995, with purchase orders placed worldwide totalling $415 million, up from $380 million in 1994. Goods purchased directly through UNICEF totalled $266 million. The remainder was purchased in field offices from local vendors.

Vaccine purchases in 1995 amounted to $92 million, a jump from $62 million in 1994, due largely to the increase in national immunization days. Another $12 million (compared to $7 million in 1994) was spent on furniture, including classroom furniture and other school equipment.

Commodities purchased under procurement services on behalf of governments, UN agencies and other international organizations and NGOs increased to $109 million. Major customers included the Governments of Romania ($24.9 million), India ($15.6 million) and Bangladesh ($12.7 million), and the Japanese International Cooperation Agency ($14.3 million).

HUMAN RESOURCES

BY THE END OF 1995, UNICEF HAD MORE than 7,600 staff working worldwide. About 2,400 of these are professional staff, both international and national, while the balance are general service and support staff. The proportion of staff serving in the field continues to increase and has now reached 85 per cent.

Altogether, UNICEF staff are currently assigned

to 249 locations in 131 countries. There are full country offices headed by a Representative in 76 of these countries, more than twice the number a decade ago.

The statistics demonstrate the continuing high priority that UNICEF gives to its work in Africa: 41 per cent of all staff are assigned to the countries of sub-Saharan Africa. The next highest proportion of staff, 24 per cent, are in Asia, followed by Latin America and the Caribbean with 11 per cent and the Middle East and North Africa with 9 per cent. The remaining 15 per cent serve in New York, Geneva, Copenhagen and Florence and in the recently created offices in Central and Eastern Europe and the countries of the former Soviet Union.

As UNICEF operations continue to expand, recruitment and placement policies promote the employment of women and nationals of developing countries. The goal of 40 per cent women throughout the professional grades, achieved at the end of 1994, was maintained during 1995 both for international and national officers. With recent appointments, four out of the six Regional Directors are women, along with 22 Representatives and 5 Assistant Representatives. Women represented half of the international professionals recruited externally during 1995.

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Steady progress is also being made in improving the representation of women at senior levels of UNICEF, with 23 per cent of director-level posts now filled by women. Ten years ago, women accounted for only one tenth of director-level posts. More than 40 per cent of UNICEF's consultants are also women.

UNICEF's staff now includes people of 151 different nationalities. Among the professional staff, both national and international, two thirds are from developing countries and one third from industrialized countries. Achieving a better balance in geographical representation is a continuing concern for UNICEF.

National officers, whose numbers have increased from 154 in 1980 to around 1,000 in 1995, are an important asset to UNICEF. Working within their own countries as professionals, they make a unique contribution to UNICEF through their knowledge of their country's language and culture in addition to their technical skills. Those who subsequently become international staff strengthen the organization's work with their perspective and solid experience.

General service personnel make up almost two thirds of UNICEF's overall staff. While most serve only in their countries of origin, there has been substantial growth in recent years in the international general service category. These staff currently serve in 32 countries in all seven UNICEF regions, including several working in emergency countries.

Since 85 per cent of UNICEF staff work outside headquarters, responsibility for the management of this growing and diverse workforce is increasingly decentralized. Regional personnel officers placed in four of the regional offices assist heads of offices in this task. Personnel staff in field offices throughout UNICEF recruit national officers and general service staff and handle day-to-day management of staff assigned to the office.

In New York, the Division of Human Resources (whose name was changed from the Division of Personnel early in 1996) recruits and rotates international staff among UNICEF field offices and headquarters divisions, as well as taking overall responsibility for the conditions of service and welfare of UNICEF staff worldwide. The Division is also responsible for developing policies and procedures to respond both to the needs of the organization and to the aspirations of staff.

The recommendations of the 1994 Management Study put human resource issues at the top of the agenda for management reform and change. Early in 1995, the Division outlined a programme of work in priority areas including performance assessment, career development, and recruitment and rotation policies. Training and staff development activities have been reoriented to concentrate on the need to improve UNICEF managerial capacity in line with the study recommendations.

The problems of staff working in emergency situations are a special preoccupation for the Division of Human Resources. Currently, almost 19 per cent of UNICEF staff members are deployed in emergency countries, and the Division estimates that about 30 per cent of its resources are devoted to their support. Although the Division has not had to respond during 1995 to a complex crisis such as the Rwanda conflict, it nevertheless must service the recruitment and personnel management needs of 20 emergency countries. A major landmark during 1995 was the launching of the first rapid response team, a cadre of 18 staff members to be deployed on short notice to an emergency country. *(See also 'Emergency countries'.)*

Emergency preparedness continues to be an important focus of training activities. A total of 69 staff members were trained in 1995 in Eastern and Southern Africa, West and Central Africa,

and Latin America and the Caribbean — 23 individuals in each region. Training in country-specific emergencies was also provided to 34 staff members in Angola. In addition, critical incident and cumulative stress management training sessions were held in all regions.

Against a background of growing threats to the physical safety of staff, security preparedness measures are being intensified. A draft field security handbook was prepared and circulated during 1995.

MANAGEMENT EXCELLENCE PROGRAMME

INITIATED IN RESPONSE TO RECOMMENDATIONS made in the 1994 Management Study by an outside consultant, the UNICEF Management Excellence Programme began in 1995 to bring about reforms to strengthen management throughout the organization.

The programme is overseen by a Steering Committee, chaired by the Executive Director and consisting of the Deputy Executive Directors, Regional Directors, two staff representatives and a representative of the National Committees, along with the Director of the Management Task Force. The Steering Committee reviews recommendations and will have responsibility for assuring implementation of the reforms.

Day-to-day operation of the programme is the responsibility of the Management Task Force. A Global Advisory Council, a Headquarters Council and seven Regional Advisory Councils were established to assist in developing a participation strategy to ensure that the views of staff are an integral part of the process.

Each region selected its own members for these advisory councils, aiming to achieve the broadest possible representation. During 1995, the councils facilitated discussions with staff on the various projects and kept the Management Task Force informed about issues affecting the reform process.

Another responsibility of the advisory councils in 1995 was the development of a set of principles to guide staff conduct. The Guiding Principles, based on a survey of all staff, declare that UNICEF's first commitment is to act in the best interests of children. The principles also call for, among other things, integrity and honesty in actions; respect for differences of gender, religion, culture, creed and race; and promotion of teamwork and collaboration with all partners.

The other major activity of the Management Excellence Programme in 1995 was defining the UNICEF mission. Draft proposals for a mission statement were developed in broad consultation with staff, National Committees and government partners.

The process of developing the Mission Statement led to a critical re-examination of UNICEF's priorities and goals. The Guiding Principles and Mission Statement together will provide the framework for the management reforms to come.

External consultants were engaged to undertake major systemic studies of supply, information resources management and financial management. A Coordinating Committee on External Consultancies was established to provide input from staff to the consultants. The supply and information technology studies were completed early in 1996, and the financial management study began in January 1996.

The backbone of the Management Excellence Programme is a series of projects, undertaken by staff teams drawn from UNICEF offices in all regions, as well as initiatives by offices around the world. The projects are addressing organizational structures for ensuring accountability; professional standards and principles for staff; human resources; field management; and relations with National Committees. Work on these projects is carried out in close consultation with the Global Staff Association.

The teams met together for an organizational meeting in September, at which they agreed upon desired outcomes and developed work plans. For the remainder of the year and into 1996, the teams worked on their individual assignments, with input from staff throughout the organization in the form of reports and focus group sessions.

Although each project has its own timetable, the teams are expected to conclude their recommendations by the year's end. Recommendations will be made to the Steering Committee throughout 1996 and implementation will take place over a number of years.

GOVERNMENTAL AND PRIVATE SECTOR CONTRIBUTIONS TO UNICEF, 1995[1]

GOVERNMENTAL CONTRIBUTIONS			PRIVATE SECTOR CONTRIBUTIONS						GRAND TOTAL
			NATIONAL COMMITTEES			OTHER CONTRIBUTORS			
GENERAL RESOURCES	SUPPLEMENTARY FUNDS[2]	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS[2]	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS[2]	SUBTOTAL	
AFGHANISTAN									
35.085	...	35.085	...	...	...	...	...	...	35.085
ALBANIA									
...	...	...	...	...	...	3.261	...	3.261	3.261
ALGERIA									
25.000	...	25.000	...	...	...	187.240	...	187.240	212.240
ANDORRA									
2.000	...	2.000	...	40.273	40.273	...	...	...	42.273
ANGOLA									
...	...	...	...	...	...	38.906	...	38.906	38.906
ANTIGUA AND BARBUDA									
501	...	501	...	...	...	...	...	...	501
ARGENTINA									
...	115.598	115.598	...	...	...	608.698	1.438.360	2.047.058	2.162.656
AUSTRALIA									
3.259.259	15.221.199	18.480.458	1.158.020	8.453.751[3]	9.611.771	5.641	...	5.641	28.097.870
AUSTRIA									
2.011.309	49.770	2.061.079	1.713.794	876.606	2.590.400	...	...	...	4.651.479
AZERBAIJAN									
...	...	...	...	...	...	1.607	...	1.607	1.607
BAHRAIN									
...	...	...	...	...	...	110.305	...	110.305	110.305
BANGLADESH									
30.270	...	30.270	...	...	...	56.099	...	56.099	86.369
BARBADOS									
2.000	...	2.000	...	...	...	46.383	...	46.383	48.383
BELGIUM									
2.296.820	2.695.441	4.992.261	6.504.710	2.377.909	8.882.619	...	...	...	13.874.880
BELIZE									
...	...	...	...	...	...	4.811	...	4.811	4.811
BENIN									
3.335	1.146.459	1.149.794	...	...	...	42.337	...	42.337	1.192.131
BHUTAN									
6.800	...	6.800	...	...	...	2.998	...	2.998	9.798
BOLIVIA									
35.000	53.862	88.862	...	...	...	99.989	...	99.989	188.851
BOTSWANA									
7.169	...	7.169	...	...	...	7.646	...	7.646	14.815
BRAZIL									
300.000	...	300.000	...	...	...	4.162.134	12.714.690	16.876.824	17.176.824
BULGARIA									
...	...	...	136.195	...	136.195	...	...	...	136.195
BURKINA FASO									
3.606	713.000	716.606	...	...	...	33.804	...	33.804	750.410
BURUNDI									
...	...	...	...	...	...	926	...	926	926
CAMBODIA									
...	...	...	...	...	...	3.703	...	3.703	3.703
CAMEROON									
...	...	...	...	...	...	62.148	...	62.148	62.148
CANADA									
10.519.096	22.242.722	32.761.818	3.205.436	4.503.688	7.709.124	2.507	7.143	9.650	40.480.592
CAPE VERDE									
1.999	3.974	5.973	...	...	...	16.510	...	16.510	22.483

[1] In US dollars. [2] Includes funds for regular and emergency programmes. [3] $7,470,711 provided by AUSAID

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GOVERNMENTAL CONTRIBUTIONS			PRIVATE SECTOR CONTRIBUTIONS						GRAND TOTAL
			NATIONAL COMMITTEES			OTHER CONTRIBUTORS			
GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	
CENTRAL AFRICAN REPUBLIC									
	172.490	172.490	...	...	...	10.114	...	10.114	182.604
CHAD									
...	1.500.000	1.500.000	...	...	...	14.031	...	14.031	1.514.031
CHILE									
76.000	...	76.000	...	...	...	73.370	2.597	75.967	151.967
CHINA									
1.050.000	...	1.050.000	...	...	...	98.537	...	98.537	1.148.537
COLOMBIA									
450.000	...	450.000	...	...	...	661.936	...	661.936	1.111.936
COMOROS									
...	...	...	...	...	...	4.274	...	4.274	4.274
CONGO									
...	...	...	...	...	...	17.819	...	17.819	17.819
COSTA RICA									
27.750	...	27.750	...	...	...	43.306	...	43.306	71.056
CÔTE D'IVOIRE									
...	...	...	...	...	...	72.520	65.245	137.765	137.765
CROATIA									
...	...	...	...	...	...	96.880	...	96.880	96.880
CUBA									
30.000	...	30.000	...	...	...	196.289	...	196.289	226.289
CYPRUS									
...	...	...	...	...	...	334.786	...	334.786	334.786
CZECH REPUBLIC									
74.074	...	74.074	108.961	...	108.961	...	...	...	183.035
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA									
38.462	...	38.462	...	...	...	...	...	...	38.462
DENMARK									
31.428.832	9.210.980	40.639.812	1.922.926	130.980	2.053.906	...	...	...	42.693.718
DJIBOUTI									
...	...	...	...	...	...	13.357	...	13.357	13.357
DOMINICAN REPUBLIC									
...	...	...	...	...	...	154.698	...	154.698	154.698
ECUADOR									
37.206	...	37.206	...	...	...	354.454	27.079	381.533	418.739
EGYPT									
38.576	255.000	293.576	...	...	...	78.502	...	78.502	372.078
EL SALVADOR									
...	...	...	...	...	...	25.639	...	25.639	25.639
EQUATORIAL GUINEA									
...	...	...	...	...	...	362	...	362	362
ERITREA									
...	...	...	...	...	...	2.437	...	2.437	2.437
ESTONIA									
...	...	...	11.334	...	11.334	...	...	...	11.334
ETHIOPIA									
46.831	...	46.831	...	...	...	49.375	...	49.375	96.206
FIJI									
3.453	...	3.453	...	...	...	7.217	...	7.217	10.670
FINLAND									
10.427.002	2.622.109	13.049.111	2.312.625	2.116.704	4.429.329	9	...	9	17.478.449
FRANCE									
1.422.764	815.094	2.237.858	31.321.544	6.109.508	37.431.052	1.332	...	1.332	39.670.242
GABON									
...	163.935	163.935	...	...	...	10.415	...	10.415	174.350

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	GOVERNMENTAL CONTRIBUTIONS			PRIVATE SECTOR CONTRIBUTIONS						GRAND TOTAL
				NATIONAL COMMITTEES			OTHER CONTRIBUTORS			
	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	
GAMBIA	...	...	...	...	...	...	7.087	...	7.087	7.087
GERMANY	6.474.820	1.797.452	8.272.272	41.248.163	22.643.172	63.891.335	109	...	109	72.163.716
GHANA	5.000	...	5.000	...	...	...	27.427	...	27.427	32.427
GIBRALTAR	...	...	...	...	...	...	14.492	...	14.492	14.492
GREECE	200.000	21.927	221.927	3.218.611	448.452	3.667.063	...	...	...	3.888.990
GUATEMALA	...	357.565	357.565	...	...	...	68.700	...	68.700	426.265
GUINEA	...	...	...	...	...	...	40.897	...	40.897	40.897
GUINEA-BISSAU	...	...	...	...	...	...	9.395	...	9.395	9.395
GUYANA	1.438	...	1.438	...	...	...	2.496	...	2.496	3.934
HAITI	...	...	...	...	...	...	17.124	2.136	19.260	19.260
HOLY SEE	2.000	...	2.000	...	...	...	...	...	...	2.000
HONDURAS	...	...	...	...	...	...	35.295	...	35.295	35.295
HONG KONG	...	...	...	2.302.231	1.831.959	4.134.190	...	...	...	4.134.190
HUNGARY	...	...	...	309.181	41.316	350.497	...	...	...	350.497
ICELAND	146.700	...	146.700	...	...	...	20.305	...	20.305	167.005
INDIA	858.790	...	858.790	...	...	...	924.447	...	924.447	1.783.237
INDONESIA	315.000	...	315.000	...	...	...	278.045	...	278.045	593.045
IRAN	...	...	...	...	...	...	46.711	...	46.711	46.711
IRAQ	...	...	...	...	...	...	427.692	5.651	433.343	433.343
IRELAND	1.555.440	1.768.585	3.324.025	463.930	...	463.930	22	2.294	2.316	3.790.271
ISRAEL	...	...	...	51.270	16.000	67.270	...	...	...	67.270
ITALY	12.422.360	15.690.460	28.112.820	29.303.261	2.391.751	31.695.012	...	...	...	59.807.832
JAMAICA	512	...	512	...	...	...	29.980	43.492	73.472	73.984
JAPAN	29.430.000	9.799.592	39.229.592	29.427.589	9.869.428	39.297.017	84.129	36.603	120.732	78.647.341
JORDAN	14.025	...	14.025	...	...	...	81.560	10.000	91.560	105.585
KENYA	...	...	...	...	...	...	78.423	...	78.423	78.423
KUWAIT	200.000	...	200.000	...	...	...	32.779	...	32.779	232.779
LAO PEOPLE'S DEMOCRATIC REPUBLIC	5.000	...	5.000	...	...	...	5.455	...	5.455	10.455

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GOVERNMENTAL CONTRIBUTIONS			PRIVATE SECTOR CONTRIBUTIONS						GRAND TOTAL
			NATIONAL COMMITTEES			OTHER CONTRIBUTORS			
GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	
LATVIA									
...	...	...	7,212	...	7,212	...	...	...	7,212
LEBANON									
10,000	...	10,000	...	...	...	145,451	11,640	157,091	167,091
LESOTHO									
2,198	...	2,198	...	...	...	6,318	...	6,318	8,516
LIBERIA									
...	...	...	...	...	...	4,004	...	4,004	4,004
LIBYA									
...	...	...	...	...	...	333,534	...	333,534	333,534
LITHUANIA									
...	...	...	13,216	...	13,216	...	...	...	13,216
LUXEMBOURG									
241,379	282,686	524,065	857,201	373,000	1,230,201	1,677	...	1,677	1,755,943
MADAGASCAR									
839	...	839	...	...	...	33,993	4,580	38,573	39,412
MALAWI									
2,614	...	2,614	...	...	...	699	...	699	3,313
MALAYSIA									
84,000	...	84,000	...	...	...	178,683	...	178,683	262,683
MALDIVES									
5,051	...	5,051	...	...	...	12	...	12	5,063
MALI									
642	...	642	...	...	...	16,805	...	16,805	17,447
MALTA									
4,264	...	4,264	...	...	...	8,151	...	8,151	12,415
MAURITANIA									
3,788	...	3,788	...	...	...	15,584	...	15,584	19,372
MAURITIUS									
6,629	...	6,629	...	...	...	72,938	3,807	76,745	83,374
MEXICO									
204,376	...	204,376	...	...	...	705,444	431,294	1,136,738	1,341,114
MONACO									
18,456	...	18,456	...	...	...	44,365	...	44,365	62,821
MONGOLIA									
10,000	...	10,000	...	...	...	811	...	811	10,811
MOROCCO									
73,500	...	73,500	...	...	...	271,762	...	271,762	345,262
MOZAMBIQUE									
...	...	...	...	...	...	124,850	...	124,850	124,850
MYANMAR									
277,833	...	277,833	...	...	...	279,553	...	279,553	557,386
NAMIBIA									
2,000	...	2,000	...	...	...	4,056	...	4,056	6,056
NEPAL									
...	...	...	...	...	...	14,277	...	14,277	14,277
NETHERLANDS									
26,263,871	60,996,013	87,259,884	8,821,034	28,978,931	37,799,965	3,922	...	3,922	125,063,771
NEW ZEALAND									
576,923	266,666	843,589	247,282	63,334	310,616	...	...	...	1,154,205
NICARAGUA									
4,909	...	4,909	...	...	...	21,634	...	21,634	26,543
NIGER									
...	...	...	...	...	...	11,646	...	11,646	11,646
NIGERIA									
...	...	...	...	...	...	677,973	...	677,973	677,973

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GOVERNMENTAL CONTRIBUTIONS			PRIVATE SECTOR CONTRIBUTIONS						GRAND TOTAL
			NATIONAL COMMITTEES			OTHER CONTRIBUTORS			
GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	
NORWAY									
39.434.956	12.858.951	52.293.907	1.405.576	658	1.406.234	...	...	...	53.700.141
OMAN									
50.000	...	50.000	...	...	...	72.716	...	72.716	122.716
PAKISTAN									
112.964	...	112.964	...	...	...	125.292	...	125.292	238.256
PANAMA									
25.000	...	25.000	...	...	...	69.834	...	69.834	94.834
PAPUA NEW GUINEA									
...	...	...	...	...	...	16.563	...	16.563	16.563
PARAGUAY									
...	...	...	...	...	...	61.857	...	61.857	61.857
PERU									
...	6.196.917	6.196.917	...	...	...	415.486	143.229	558.715	6.755.632
PHILIPPINES									
195.363	...	195.363	...	...	...	302.532	84.833	387.365	582.728
POLAND									
56.485	...	56.485	507.368	...	507.368	...	...	...	563.853
PORTUGAL									
...	...	...	1.425.440	142.744	1.568.184	81	...	81	1.568.265
QATAR									
...	...	...	...	...	...	7.648	...	7.648	7.648
REPUBLIC OF KOREA									
900.000	...	900.000	3.019.512	534.732	3.554.244	...	39.619	39.619	4.493.863
ROMANIA									
3.365	...	3.365	174.002	...	174.002	...	...	...	177.367
RWANDA									
...	...	...	...	...	...	8.161	...	8.161	8.161
SAINT LUCIA									
2.586	...	2.586	...	...	...	...	...	...	2.586
SAINT VINCENT AND THE GRENADINES									
1.500	...	1.500	...	...	...	...	...	...	1.500
SAN MARINO									
...	...	...	4.808	3.125	7.933	...	...	...	7.933
SAUDI ARABIA									
...	...	...	...	...	...	224.065	...	224.065	224.065
SENEGAL									
...	...	...	...	...	...	41.023	106.500	147.523	147.523
SIERRA LEONE									
163	...	163	...	...	...	5.195	...	5.195	5.358
SINGAPORE									
10.000	...	10.000	...	...	...	270.344	28.068	298.412	308.412
SLOVAKIA									
...	...	...	101.490	4.218	105.708	...	...	...	105.708
SLOVENIA									
...	...	...	890.004	...	890.004	...	...	...	890.004
SOUTH AFRICA									
46.547	...	46.547	...	...	...	14	...	14	46.561
SPAIN									
2.394.464	437.957	2.832.421	8.210.552	14.759.929	22.970.481	...	...	...	25.802.902
SRI LANKA									
18.576	1.051.257	1.069.833	...	...	...	39.608	...	39.608	1.109.441
SUDAN									
...	44.269	44.269	...	...	...	74.311	...	74.311	118.580
SWAZILAND									
2.289	...	2.289	...	...	...	...	...	...	2.289

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GOVERNMENTAL CONTRIBUTIONS			PRIVATE SECTOR CONTRIBUTIONS						GRAND TOTAL
			NATIONAL COMMITTEES			OTHER CONTRIBUTORS			
GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	
SWEDEN									
40.256.046	69.374.470	109.630.516	1.638.840	966.322	2.605.162	...	...	...	112.235.678
SWITZERLAND									
13.306.452	4.585.743	17.892.195	11.468.876	4.265.438	15.734.314	411.096	268.817	679.913	34.306.422
SYRIA									
...	...	...	...	...	...	72.445	...	72.445	72.445
TANZANIA									
...	...	...	...	...	...	42.147	...	42.147	42.147
THAILAND									
194.719	...	194.719	...	...	...	287.476	...	287.476	482.195
THE FORMER YUGOSLAV REP. OF MACEDONIA									
...	...	...	...	...	...	18.600	...	18.600	18.600
TOGO									
3.810	...	3.810	...	...	...	12.586	7.235	19.821	23.631
TRINIDAD AND TOBAGO									
1.000	...	1.000	...	...	...	25.049	...	25.049	26.049
TUNISIA									
...	...	...	...	...	...	160.623	...	160.623	160.623
TURKEY									
125.000	...	125.000	1.299.954	...	1.299.954	...	...	...	1.424.954
UGANDA									
1.000	...	1.000	...	...	...	67.787	5.654	73.441	74.441
UKRAINE									
...	...	...	...	...	...	1.271	...	1.271	1.271
UNITED ARAB EMIRATES									
...	...	...	...	...	...	4.673	638.574	643.247	643.247
UNITED KINGDOM									
13.492.064	20.921.187	34.413.251	1.736.893	5.636.530	7.373.423	213	...	213	41.786.887
UNITED STATES									
100.000.000	28.558.273	128.558.273	7.963.531	9.289.460	17.252.991	40.275	...	40.275	145.851.539
URUGUAY									
...	...	...	...	...	...	246.033	...	246.033	246.033
VENEZUELA									
65.948	...	65.948	...	...	...	109.561	...	109.561	175.509
VIET NAM									
11.367	...	11.367	...	...	...	25.630	...	25.630	36.997
WEST BANK/GAZA									
...	...	...	...	...	...	1.874	...	1.874	1.874
YEMEN									
...	...	...	...	...	...	33.380	...	33.380	33.380
YUGOSLAVIA									
...	...	...	...	...	...	...	16.259	16.259	16.259
ZAIRE									
...	...	...	...	...	...	210.412	...	210.412	210.412
ZAMBIA									
726	...	726	...	...	...	36.049	...	36.049	36.775
ZIMBABWE									
6.061	...	6.061	...	...	...	37.990	...	37.990	44.051
SUBTOTAL									
353.833.007	291.991.603	645.824.610	204.512.572	126.869.918	331.382.490	16.609.924	16.145.399	32.755.323	1.009.962.423

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INTERGOVERNMENTAL, NON-GOVERNMENTAL AND UN SYSTEM CONTRIBUTORS			PRIVATE SECTOR CONTRIBUTIONS						GRAND TOTAL
			NATIONAL COMMITTEES			OTHER CONTRIBUTORS			
GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	GENERAL RESOURCES	SUPPLEMENTARY FUNDS	SUBTOTAL	
EUROPEAN UNION									
...	9.762.487	9.762.487	...	...	...	...	...	...	9.762.487
OPEC FUND									
...	100.000	100.000	...	...	...	...	...	...	100.000
BERNARD VAN LEER FOUNDATION, NETHERLANDS									
...	...	...	...	...	...	...	516.801	516.801	516.801
CANADIAN PUBLIC HEALTH ASSOCIATION									
...	...	...	...	...	...	...	267.910	267.910	267.910
IDRC, CANADA									
...	...	...	...	...	...	...	8.398.187	8.398.187	8.398.187
NIPPON FOUNDATION[4]									
...	...	...	...	...	...	...	1.622.000	1.622.000	1.622.000
REDD BARNA, NORWAY									
...	...	...	...	...	...	...	1.357	1.357	1.357
ROTARY INTERNATIONAL									
...	...	...	...	...	...	...	6.452.946	6.452.946	6.452.946
TETSUKO KUROYANAGI, JAPAN									
...	...	...	...	...	...	...	2.500.000	2.500.000	2.500.000
UN WOMEN'S GUILD									
...	...	...	...	...	...	...	28.300	28.300	28.300
UN AND UN AGENCIES' STAFF									
...	...	...	...	...	...	14.341	9.214	23.555	23.555
IFAD, ROME									
...	402.447	402.447	...	...	...	...	...	...	402.447
UN, DEPARTMENT OF HUMANITARIAN AFFAIRS (DHA)									
...	22.330	22.330	...	...	...	...	...	...	22.330
UN, EMERGENCY FUNDS (DHA/IRAQ)...									
...	3.086.941	3.086.941	...	...	...	...	...	...	3.086.941
UN, SECRETARIAT									
...	282.350	282.350	...	...	...	...	...	...	282.350
UNCDF, NEW YORK									
...	100.380	100.380	...	...	...	...	...	...	100.380
UNDP, NEW YORK									
...	12.664	12.664	...	...	...	...	...	...	12.664
UNFPA, NEW YORK									
...	1.657.564	1.657.564	...	...	...	...	...	...	1.657.564
UNHCR, GENEVA									
...	829.460	829.460	...	...	...	...	...	...	829.460
WHO, GENEVA									
...	17.000	17.000	...	...	...	...	...	...	17.000
SUBTOTAL									
...	16.273.623	16.273.623	...	...	...	14.341	19.796.715	19.811.056	36.084.679
INCOME FROM INTEREST ON INVESTMENTS, EXCHANGE RATE FLUCTUATIONS AND MISCELLANEOUS SOURCES									
...	...	...	...	...	...	...	...	...	41.902.226
INCOME ADJUSTMENT TO PRIOR YEARS									
806	-838.176	-837.370	-1.618.246		-1.618.246	6.711	-30.000	-23.289	-2.478.904
LESS COSTS OF GREETING CARD OPERATION									
...	...	...	-28.650.303	...	-28.650.303	-5.786.103	...	-5.786.103	-34.436.406
LESS GCO FISCAL PERIOD ADJUSTMENT									
...	...	...	...	...	...	...	...	...	-40.445.962
GRAND TOTAL									
353.833.813	307.427.050	661.260.863	174.244.023	126.869.918	301.113.941	10.844.873	35.912.114	46.756.987	1.010.588.056

[4] formerly Sasakawa

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ANNEX

Executive Board

THE EXECUTIVE BOARD HELD FOUR SESSIONS in 1995: the first (1-6 February), second (20-23 March) and third (18-21 September) regular sessions and the annual session (22-26 May). The Board's major decisions throughout the year included:

◆ **MANAGEMENT REFORM:** After hearing an extensive presentation by the consultants who undertook the 1994 Management Study, the Board asked the secretariat to establish an internal process of management reform with the active involvement of staff and to consider the experience of the National Committees in this process. The Board also requested that the secretariat submit for its consideration a draft overall mission statement for UNICEF and a draft mission statement on emergency operations (decision 1995/7).

Later in the year, the Board welcomed the Executive Director's plans to ensure its continued full involvement in follow-up to the management review. The Board also requested, for its first regular session of 1996, a summary of the direct links between the recommendations made in the original management review and the strategic approach undertaken and actions proposed by the secretariat, including a time-frame for decision-making by the Executive Board, and that all future progress reports should make that link (decision 1995/25).

Following a briefing by the Executive Director at the annual session on the situation in the Kenya country office, she was requested to report to the Board on both the specific situation in Kenya and the concrete steps being taken to strengthen financial management, accountability and oversight in UNICEF (decision 1995/19).

The Board called upon the Executive Director. to report on how internal controls are being addressed through the follow-up to the management review; on how UNICEF can use reports on over-commitment and overspending to trigger action to examine their causes and take appropriate corrective action; and to consider the criteria for classification as NGOs and review the role of NGOs in implementing UNICEF programmes (decision 1995/26).

◆ **MAURICE PATE AWARD:** At its first regular session, the Executive Board decided to present the 1995 Maurice Pate Award to Professor Ihsan Dogramaci of Turkey. The Award, with a $25,000 stipend, was given in recognition of Professor Dogramaci's more than 50 years of service to children in Turkey and around the world through his outstanding contributions in the fields of public health and child survival and development. Professor Dogramaci's association with UNICEF, which began in 1959, included service as Chairman of the Executive Board and President of the Turkish Committee for UNICEF (decision 1995/2).

◆ **POLICY DECISIONS:** During the year, the Executive Board took a number of decisions related to UNICEF policies in the following key programming areas:

›› UNICEF strategies in basic education: The Board encouraged the secretariat to continue to focus on universal access to basic education for children, to support the improvement of quality in basic education in order to enable learners to acquire a minimum required level of skills and knowledge, to promote parents' knowledge and skills, and to increase allocations in country programmes to basic education. The secretariat was urged to put greater emphasis on addressing major systemic problems in basic education, such as inequality between girls and boys, building countries' capacity to plan and implement education programmes, adopting a systematic approach to long-term education development, and providing education services for children in emergencies (decision 1995/21).

›› UNICEF strategies in water and environmental sanitation: The Board urged UNICEF to put greater emphasis on and allocate resources for activities including environmental sanitation, hygiene and behavioural change; capacity-building; community cost-sharing; gender-balanced and participatory approaches; research and development on technology and social and economic issues; and enhanced linkages with programmes in health, education, nutrition and environment (decision 1995/22).

›› Health strategy for UNICEF: The strategy endorsed by the Board states that the UNICEF approach to health places the family and the household at

the centre of health action and the child at the centre of the family, as guided by the Plan of Action of the World Summit for Children and the Convention on the Rights of the Child. UNICEF contributes to this effort by helping to strengthen countries' capacities in health monitoring, health promotion and essential health services within the primary health care (PHC) approach. The strategy emphasizes the complementarity between broader UNICEF advocacy, which addresses a range of child, adolescent and women's health issues, and the more strategically focused programme priorities within countries (decision 1995/28).

- Coordination of UNICEF activities concerning HIV/AIDS: The Executive Board requested the secretariat to develop a strategy for addressing HIV/AIDS in programmes and activities within the framework of the Joint United Nations Programme on HIV/AIDS (UNAIDS) (decision 1995/13).

The Board proposed that the sixth anniversary of the World Summit for Children, 30 September 1996, would be an appropriate date to announce the results of a mid-decade review of progress towards implementation of the commitments made in the Declaration and Plan of Action. The Board urged all governments to participate in the review by assessing progress and to include provincial and local authorities, NGOs, the private sector and civic groups in this activity (decision 1995/14).

The Board endorsed a framework for UNICEF follow-up to the International Conference on Population and Development and stressed the need for its speedy implementation and integration into UNICEF country programmes (decision 1995/29).

◆ COUNTRY PROGRAMMES AND RELATED MATTERS: The Executive Board approved a total of $607,076,525 from general resources and $954,824,450 in supplementary funds for country programmes (decisions 1995/9 and 1995/16). The Board also reaffirmed that the recipient government had the primary responsibility for the formulation of its country programme, as well as for the coordination of all external assistance. The Board decided that the secretariat, in consultation with recipient governments, should inform the Board at an early stage about the mix and weight given to programme strategies, to be used as a basis for further discussions in the recipient country. That is done by submitting a brief country note to the Board for its comments. The secretariat then submits to the Board a final country programme document for approval, presenting strategy, inputs and outputs. The Board approves the document on a 'no-objection' basis, and if any Board member wants a particular country programme brought before the Board for discussion, it must inform the secretariat in writing prior to the meeting (decision 1995/8).

The Executive Board reaffirmed its strong and consistent commitment to Africa as the region of greatest need and highest priority and requested the Executive Director to develop strategies for translating that priority into concrete actions, including proposing increases in resource allocations for country programmes in Africa (decision 1995/18).

◆ JOINT COMMITTEES: The Executive Board examined the mechanisms for review and implementation of recommendations of the UNICEF/WHO Joint Committee on Health Policy and the UNESCO/UNICEF Joint Committee on Education (decision 1995/4).

Following the 30th session of the JCHP, held at WHO headquarters on 30-31 January 1995, the Executive Board took note of the report of the session and the related recommendations and requested that the UNICEF secretariat undertake a thorough consultation on the draft UNICEF health strategy with such concerned parties as JCHP, WHO, the World Bank, UNFPA and others, as it deemed appropriate (decision 1995/10). Also in 1995, the Executive Board elected its representatives to the UNESCO/UNICEF Joint Committee on Education for the biennium 1995-1996 (decisions 1995/1 and 1995/23).

◆ BUDGETARY AND FINANCIAL DECISIONS: The Executive Board decided to postpone the preparation of the administrative and programme support budget and the global funds budgets for the biennium 1996-1997 pending its decision on the implementation of the management review. At the same time, the Board agreed that the administrative and programme support budget and the global funds budgets for the biennium 1994-1995 would serve as baseline budgets for 1996-1997 (decision 1995/6).

Later in the year, it approved an interim budget allocation of $126,852,592 for the year 1996 for administrative and programme support for headquarters and regional offices and took note of the secretariat's intention to submit in April 1996 an integrated budget for headquarters and regional offices for the biennium 1996-1997, incorporating the budgets of administrative and programme support and global funds into one unified budget, with the exception of the part for the Emergency Programme Fund. It was agreed

that the interim budget allocation for headquarters and field offices will cease when the integrated budget is approved (decision 1995/30). Similarly, the Board approved a commitment of $174,820,301 for the administrative and programme support budget for field offices for the biennium 1996-1997. The Board took note of the secretariat's intention to submit in September 1997 an integrated budget for field offices, incorporating the budgets for administrative and programme support and country programmes (decision 1995/31).

Concerning global funds, the Executive Board approved an interim budget of $45 million (other than the Emergency Programme Fund), as well as an interim budget of $15 million for the Emergency Programme Fund, for calendar year 1996. The Executive Director was requested to inform the Board about the plans for appropriations for global activities and the criteria for the allocation of funds, including to programmes co-sponsored by UNICEF.

The Board again took note of the secretariat's intention to submit in April 1996 an integrated budget for headquarters and regional offices for the biennium 1996-1997 incorporating the budgets of administrative and programme support and global funds into one unified budget, with the exception of the part for the Emergency Programme Fund (decision 1995/32). The Board also approved an interim supplementary-funded programme budget of $76.7 million for global funds for the calendar year 1996 and agreed that the interim budget would be replaced by final budgets to be presented in April 1996 (decision 1995/33).

The Executive Board approved the medium-term plan as a framework of projections for 1995-1998, including the preparation of up to $582 million in programme expenditure from general resources to be submitted to the Board in 1996. The Board also expressed concern at the declining percentage of the general resources component of total UNICEF income and appealed to governments, NGOs and National Committees to increase their contributions to the general resources pool (decision 1995/34).

◆ **GREETING CARD OPERATION:** At the annual session, the Executive Board approved budgeted expenditures of $87.1 million for GCO for the fiscal year 1 May 1995 to 30 April 1996 and noted that GCO net proceeds were budgeted at $234 million for the same period. The Board renewed both the Fund-raising Development and Market Development programmes and authorized the expansion of the Central and Eastern European National Committees Development Programme to include Committees for Estonia, Latvia, Lithuania and Slovenia.

In addition, the Board decided that, in the context of the management review, a study and recommendations should be presented in the next GCO workplan of the optimum structure and location of GCO, so as to reflect its main markets, business partners and areas of potential growth, not excluding the possibility of consolidating its staff in a single headquarters location (decision 1995/20). In another action, the Board took note of the GCO provisional report for the period 1 May 1994-30 April 1995 and the GCO financial reports and accounts for the year ended 30 April 1994 (decision 1995/15).

◆ **RELATIONS WITH THE ECONOMIC AND SOCIAL COUNCIL:** In accordance with General Assembly resolution 48/162 of 20 December 1993, which required the Executive Boards of UNICEF, UNDP and UNFPA and the secretariat of WFP to submit an annual report to the Economic and Social Council, the Executive Board, following consultations between the relevant agencies, decided on the format and contents of the annual reports to ECOSOC (decision 1995/5).

GLOSSARY

ARI	acute respiratory infections
CEE/CIS	Central and Eastern Europe/Commonwealth of Independent States
DPT3	three doses of combined diphtheria/pertussis/tetanus vaccine
EAPRO	East Asia and Pacific Regional Office (UNICEF)
ECOSOC	United Nations Economic and Social Council
ESARO	Eastern and Southern Africa Regional Office (UNICEF)
FAO	Food and Agriculture Organization of the United Nations
FGM	female genital mutilation
GCO	Greeting Card and Related Operations (UNICEF)
GDP	gross domestic product
GNP	gross national product
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
ICPD	International Conference on Population and Development
ICRC	International Committee of the Red Cross
IDD	iodine deficiency disorders
IDRC	International Development Research Centre
IFAD	International Fund for Agricultural Development
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organisation
JCHP	Joint Committee on Health Policy (UNICEF/WHO)
JCGP	Joint Consultative Group on Policy (United Nations)
MENARO	Middle East and North Africa Regional Office (UNICEF)
NGO	non-governmental organization
NPA	national programme of action
OAS	Organization of American States
OAU	Organization of African Unity
OPEC	Organization of Petroleum Exporting Countries
ORS	oral rehydration salts
ORT	oral rehydration therapy
PAHO	Pan American Health Organization
PEC	primary environmental care
PHC	primary health care
ROSA	Regional Office for South Asia (UNICEF)
SAARC	South Asian Association for Regional Cooperation
STD	sexually transmitted disease
TACRO	The Americas and Caribbean Regional Office (UNICEF)
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCDF	United Nations Capital Development Fund
UNDCP	United Nations Drug Control Programme
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNOHAC	United Nations Office for Humanitarian Assistance Coordination
UNOSOM	United Nations Operation in Somalia
USAID	United States Agency for International Development
WATSAN	water and sanitation
WCARO	West and Central Africa Regional Office (UNICEF)
WFP	World Food Programme
WHO	World Health Organization

Note: All dollars are US dollars.

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Further information is available from:

Committees for UNICEF

Andorra: Comitè Nacional d'Andorra per la UNICEF
Avda. del Fener, 14
Escaldes-Engordany

Australia: Australian Committee for UNICEF Ltd.
55 Clarence Street, Suite 903
Sydney, NSW 2000

Austria: Österreichisches Komitee für UNICEF
Vienna International Centre (UNO-City)
22, Wagramer Strasse 5
A – 1400 Vienna

Belgium: Comité belge pour l'UNICEF
Avenue des Arts 20
B – 1040 Brussels

Bulgaria: Bulgarian National Committee for UNICEF
18/B Pentcho Slaveikov Blvd.
BG – 1606 Sofia

Canada: Canadian UNICEF Committee/Comité UNICEF Canada
443, Mount Pleasant Road
CDN – Toronto, Ontario
M4S 2L8

Czech Republic: Cesky Vybor pro UNICEF
Vysehradska 51
12800 Praha 2

Denmark: Dansk UNICEF Komite
Billedvej 8, Frihavnen
DK – 2100 Copenhagen Ø

Estonia: UNICEF-I Eesti Rahvuskomitee
Lai 10
EE – 0001 Tallinn

Finland: Suomen UNICEF – yhdistys r.y.
Perttulantie 6
SF – 00210 Helsinki

France: Comité français pour l'UNICEF
3, rue Duguay-Trouin
F – 75282 Paris Cedex 06

Germany: Deutsches Komitee für UNICEF
Höninger Weg 104
D – 50969 Cologne

Greece: Hellenic National Committee for UNICEF
Xenias Street, 1
GR – 115 27 Athens

Hong Kong: Hong Kong Committee for UNICEF
60, Blue Pool Road 3/F
Happy Valley, Hong Kong

Hungary: UNICEF Magyar Nemzeti Bizottsága
Varsanyi Iren U. 26-34, II.LH VI.1
H – 1027 Budapest

Ireland: Irish National Committee for UNICEF
4 St. Andrew Street
IRL – Dublin 2

Israel: Israel National Committee for UNICEF
P.O. Box 8009
IL – 93105 Jerusalem

Italy: Comitato Italiano per l'UNICEF
Via Vittorio Emanuele Orlando 83
I – 00185 Rome

Japan: Japan Committee for UNICEF
Daiichi Daikyo-cho Bldg.
31-10, Daikyo-cho
Shinjuku-ku, Tokyo-160

Latvia: UNICEF Latvijas Republikas Nacionala Komiteja
Str. Brivibas, 75
LV – 1047 Riga

Lithuania: Lithuanian National Committee for UNICEF
Austros Vartu No 3/1-2
2600 Vilnius

Luxembourg: Comité luxembourgeois pour l'UNICEF
99, Route d'Arlon
L – 1140 Luxembourg

Netherlands: Stichting Nederlands Comité UNICEF
St. Barbaraweg 4
NL – 2516-BT The Hague

New Zealand: New Zealand Committee for UNICEF
Harbour City Tower
29 Brandon St., Level 5
NZ – Wellington 6001

Norway: UNICEF-Komiteen i Norge
Møller Gt. 24
N – 0179 Oslo

Poland: Polski Komitet UNICEF
P.O. Box No. 19
PL – 00-551 Warsaw

Portugal: Comité Português para a UNICEF
Av. Ant Augusto Aguiar 56-3 Esq.
P – 1000 Lisbon

Republic of Korea: Korean Committee for UNICEF
17-1, Changsung-dong
Chongro-Ku
110-034 Seoul

Romania: Comitetul National Român UNICEF
Strada Stirbei Voda, 37
Sectorul 1
R – 70732 Bucharest

San Marino: Commissione Nazionale Sammarinese per l'UNICEF
c/o Segreteria di Stato per gli Affari Esteri
Palazzo Begni
I – 47031 San Marino

Slovakia: Slovensky Vybor pre UNICEF
Grosslingova, 6
P.O. Box 52
810 00 Bratislava

Slovenia: Slovenski Odbor za UNICEF
Linhartova 13
61000 Ljubljana

Spain: Comité Español del UNICEF
Apartado 12021
E – 28080 Madrid

Sweden: Svenska UNICEF-Kommittén
Box 222 23
(Hantverkargatan 5)
S – 104 22 Stockholm

Switzerland: Schweizerisches Komitee für UNICEF
Baumacker Strasse 24
CH – 8050 Zürich

Turkey: UNICEF Türkiye Milli Komitesi
Abdullah Cevdet Sokak No. 20/10
TR – 06680 Çankaya – Ankara

United Kingdom: UK Committee for UNICEF
55 Lincoln's Inn Fields
GB – London WC2A 3NB

United States of America: US Committee for UNICEF
333 East 38th Street
USA – New York, NY 10016

UNICEF Offices

UNICEF Headquarters
UNICEF House
3 UN Plaza
New York, NY 10017, USA

UNICEF Geneva Office
Palais des Nations
CH – 1211 Geneva 10
Switzerland

UNICEF Eastern and Southern Africa Regional Office
P.O. Box 44145
Nairobi, Kenya

UNICEF West and Central Africa Regional Office
P.O. Box 443
Abidjan 04, Côte d'Ivoire

UNICEF The Americas and Caribbean Regional Office
Apartado 7555
Santa Fe de Bogotá
Colombia

UNICEF East Asia and the Pacific Regional Office
P.O. Box 2-154
Bangkok 10200, Thailand

UNICEF Middle East and North Africa Regional Office
P.O. Box 811721
11181 Amman, Jordan

UNICEF South Asia Regional Office
P.O. Box 5815, Lekhnath Marg
Kathmandu, Nepal

UNICEF Office for Japan
UN Headquarters Building
8th floor
53-70, Jingumae 5-chome
Shibuya-ku
Tokyo 150, Japan

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